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(54) Title: METHOD OF TREATMENT FOR LUNG DI	SEASI	S USING ANTISENSE OLIGONUCLEOTIDES
(57) Abstract		
A method of treating airway disease in a subject in ne to the subject an antisense oligonucleotide in an amount effe free of adenosine. Pharmaceutical formulations are also di	ctive to	uch treatment is disclosed. The method comprises topically administering treat the ariway disease, where the antisense ollgonucleotide is essentially
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METHOD OF TREATMENT FOR LUNG DISEASES USING ANTISENSE OLIGONUCLEOTIDES

This invention was made with Government support under grant RO1CA47217-06 from the National Cancer Institute. The Government has certain rights to this invention.

Field of the Invention

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application concerns a method of administering antisense oligonucleotides essentially free of adenosine as a treatment for lung diseases.

Background of the Invention

Antisense oligonucleotides have 10 considerable theoretical consideration as potentially useful pharmacologic agents in human disease. R. Wagner, 372, 333-335 (1994). However, practical Nature applications of these molecules in actual models of human 15 disease have been elusive. One important consideration in the pharmacologic application of these molecules is route of administration. Most experiments utilizing antisense oligonucleotides in vivo have involved direct application to limited regions of the brain (see C. 20 Wahlestedt, Trends in Pharmacological Sciences 15, 42-46 (1994); J. Lai et al., Neuroreport 5, 1049-1052 (1994); K. Standifer et al., Neuron 12, 805-810 (1994); Akabayashi et al., Brain Research 21, 55-61 (1994)), or to spinal fluid (see e.g. L. Tseng et al., European J. 25 Pharmacol. 258, R1-3 (1994); R. Raffa et al., European European J. Neurosci. 6, 880-884 (1994)).

J. Pharmacol. 258, R5-7 (1994); F. Gillardon et al., applications have limited clinical utility due to their invasive nature.

. The systemic administration of antisense oligonucleotides also poses significant problems with respect to pharmacologic application, not the least of which is the difficulty in targeting disease-involved 5 tissues. In contrast, the lung is an excellent potential target for antisense oligonucleotide application since it may be approached noninvasively and in a tissue-specific manner. Additionally, the lung represents an exceptional target for antisense ODN therapeutics ascompared to other 10 in vivo target organs or tissues, possibly because the lung is lined with surfactant which consists primarily of cationic lipids, well known to enhance cellular uptake of ODNs in other systems. However, the technology involved in delivering antisense agents to the lung remains 15 relatively undeveloped, and potential problems related to the application of antisense agents to the lung remain unexplored.

Adenosine, a purine which contributes to intermediary metabolism and participates 20 regulation of physiological activity, is a recognized neuromodulator. This nucleoside is involved in many local regulatory mechanisms, in particular at synapses in the CNS and at neuroeffector junctions in the periphery. In the CNS adenosine is known to inhibit the release of 25 a variety of neurotransmitters (noradrenaline, serotonin, GABA, acetylcholine, dopamine, glutamate, etc.), to inhibit neurotransmission, depress neuronal firing, induce spinal analgesia, and to possess anxiolytic properties (E.S. Ben-Soreket al., Archives of Internal 30 Medicine 153, 2701-2702 (1993)). In the heart, adenosine is known to slow atrioventricular (AV) conduction. suppress pacemaker activity, possess antiarrhythmic effects, modulate autonomic control, and to trigger the synthesis and release of prostaglandins. M.K. Church et 35 al., J. Allergy & Clinical Immunology 92, 190-194 It also possesses potent vasodilatory effects and modulates vascular tone. S.T. Holgate et al., Annals of the New York Academy of Sciences 629, 227-236 (1991).

As a therapeutic agent, adenosine has achieved considerable recent success as an antiarryhthmic agent in 5 the treatment of supraventricular tachycardia. See C.G. DeGroff and M.J. Silka, Journal of Pediatrics 125, 822-823 (1994); I. Drake et al., Human and Exp. Toxicol. 13, However, many adverse effects of 263-265 (1994). adenosine treatment have been reported in the literature. 10 See, e.g., A. Aggarwal, et al., Anesthesiology 79, 1132-1135 (1993); K.K. Burkhart, American J. Emergency Med. 11. 249-250 (1993); S.K. Srinivasan and P.J. Iversen, J. Clin. Lab. Analysis 9, 129- 137 (1995); C.A. Stein et al., Pharmacology & Therapeutics 52, 365-384 (1991); B.B. 15 Fredholm et al., Pharmacological Reviews 46, 143-156 (1994); H. Saito, et al., Blood 66, 1233-1240 (1985). In particular, asthmatic individuals show an extreme sensitivity to adenosine and adenosine monophosphate. See, J.H. Butterfield et al., Leukemia Res. 12, 345-355 20 (1988): CLONETICS: Normal Human Cell Systems Manual Wagner, Nature 372, 333-335 (1994). (1995); R.W. Serious, near-fatal induction of bronchospasm has occurred in asthmatic individuals administered adenosine for supraventricular tachycardia. See, S. Tabor, in:

25 Current Protocols in Molecular Biology, Vol. 1, Section 3.10.2 (John Wiley & Sons, 1987); J.H. Weiss, Id., at Section 6.2.2.

Similarly, asthmatic rabbits produced using the dust mite allergic rabbit model of human asthma also were shown to respond to aerosolized adenosine with marked bronchoconstriction, while non asthmatic rabbits showed no response. S. Ali et al., Agents Actions 37, 165-176 (1992). Recent work using this model system has suggested that adenosine-induced bronchoconstriction and bronchial hyperresponsiveness in asthma are mediated primarily through the stimulation of adenosine receptors. S. Ali et

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al., J. Pharmacol. Exp. Ther. 268, 1328-1334 (1994); S. Ali et al., Am. J. Physiol 266, L271-277 (1994).

Accordingly, adenosine is contraindicated in the lungs of asthmatics (who represent 10% of the adult 5 and 15% of the pediatric population in the United States). Since antisense ODNs are typically composed of all four base pairs, adenine, guanine, cytosine and thymidine, their breakdown products will produce free deoxyadenosine monophosphate in these hyperresponsive 10 airways. Deoxyadenosine monophosphate differs from adenosine monophosphate only by the loss of an oxygen atom on the 3' carbon of the sugar moiety.

Summary of the Invention

A first aspect of the present invention is a 15 method of treating airway disease in a subject in need of such treatment. The method comprises administering an antisense oligonucleotide essentially free of adenosine to the lungs of the subject in an amount effective to treat the airway disease.

A second aspect of the present invention is a pharmaceutical composition, comprising, together in a pharmaceutically acceptable carrier, an antisense oligonucleotide essentially free of adenosine in an amount effective to treat an airway disease.

A third aspect of the present invention is the use of an antisense oligonucleotide essentially free of adenosine as given above for the preparation of a medicament for treating airway disease in a subject in need of such treatment.

Brief Description of the Drawings

Figures 1-4 demonstrate that antisense oligonucleotides can be utilized as effective agents in the treatment or prevention of airway diseases.

Figure 1 illustrates the effects of A, adenosine
receptor antisense oligonucleotides and mismatch control

antisense oligonucleotides on the dynamic compliance of the bronchial airway in a rabbit model. Figure 2 illustrates the specificity of A₁ adenosine receptor antisense oligonucleotides as indicated by the A₁ and A₂ 5 adenosine receptor number present in A₁ adenosine receptor antisense oligonucleotide-treated airway tissue.

Figure 3 is a graphical representation illustrating that aerosolized deoxyadenosine monophosphate is a potent bronchoconstrictor in asthmatic 10 pathways of allergic rabbits. Further, the figure shows that the effect of deoxyadenosine monophosphate is equipotent to that observed for adenosine monphosphate. Figure 4 is a graphical representation illustrating that bronchoconstrictor effects occur with 15 aerosolized phosphorothicate oligodeoxynucleotides containing adenosine, but not with oligodeoxynucleotides that are free of adenosine.

Detailed Description of the Invention

Nucleotide sequences are presented herein by 20 single strand only, in the 5' to 3' direction, from left to right. Nucleotides and amino acids are represented herein in the manner recommended by the IUPAC-IUB Biochemical Nomenclature Commission, or (for amino acids) by three letter code, in accordance with 37 CFR \$1.822 25 and established usage. See, e.g., PatentIn User Manual, 99-102 (Nov. 1990) (U.S. Patent and Trademark Office, Office of the Assistant Commissioner for Patents, Washington, D.C. 20231); U.S. Patent No. 4,871,670 to Hudson et al. at Col. 3 lines 20-43 (applicants specifically intend that the disclosure of this and all other patent references cited herein be incorporated herein by reference).

The method of the present invention may be used to treat airway disease in a subject for any reason, with 35 the intention that adenosine content of antisense compounds be eliminated or reduced so as to prevent its

liberation upon antisense degredation. Such liberation may cause serious, even life-threatening, bronchoconstriction in patients with hyperreactive airways. Examples of airway diseases that may be treated 5 by the method of the present invention include cystic fibrosis, asthma, chronic obstructive pulmonary disease, bronchitis, and other airway diseases characterized by an inflammatory response.

Antisense oligonucleotides to the A, and A, 10 receptors are shown to be effective in the downregulation of A, or A, in the cell. One novel feature of this treatment, as compared to traditional treatments for adenosine-induced bronchoconstriction. administration is direct to the lungs. Additionally, a 15 receptor protein itself is reduced in amount, rather than merely interacting with a drug, and toxicity is reduced. Other proteins that may be targeted with antisense agents for the treatment of lung conditions include, but are not limited to: human A2a adenosine receptor, human A2b 20 adenosine receptor, human IgE receptor β , human Fcepsilon receptor CD23 antigen, human histidine decarboxylase, human beta tryptase, human tryptase-I, human prostaglandin D synthase, human cyclooxygenase-2, human eosinophil cationic protein, human eosinophil 25 derived neurotoxin, human eosinophil peroxidase, human intercellular adhesion molecule-1 (ICAM-1). human vascular cell adhesion molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, 30 human IL-3, human IL-4, human IL-5, human IL-6, human IL-8. human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human defensin 1, human defensin 3, human macrophage inflammatory protein-1-35 alpha, human muscarinic acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor α , human leukotriene C4 synthase, human major basic protein, and human endothelin 1. In these latter targets, and in target genes in general, it is particularly imperative to eliminate or reduce the adenosine content of the 5 corresponding antisense oligonucleotide to prevent their breakdown products from liberating adenosine.

As used herein, the term "treat" or "treating" a lung disease refers to a treatment which decreases the likelihood that the subject administered such treatment 10 will manifest symptoms of the lung disease. The term "downregulate" refers to inducing a decrease in production, secretion or availability (and thus a decrease in concentration) of the targeted intracellular protein.

The present invention is concerned primarily with the treatment of human subjects but may also be employed for the treatment of other mammalian subjects, such as dogs and cats, for veterinary purposes. Targeted proteins are preferably mammalian and more preferably of the same species as the subject being treated.

In general, "antisense" refers to the use of small, synthetic oligonucleotides, resembling singlestranded DNA, to inhibit gene expression by inhibiting the function of the target messenger RNA (mRNA). 25 Milligan, J.F. et al., J. Med. Chem. 36(14), 1923-1937 In the present invention, inhibition of gene expression of the A, or A, adenosine receptor is desired. Gene expression is inhibited through hybridization to coding (sense) sequences in a specific messenger RNA 30 (mRNA) target by hydrogen bonding according to Watson-The mechanism of antisense Crick base pairing rules. exogenously the inhibition is that oligonucleotides decrease the mRNA or protein levels of the target gene or cause changes in the growth 35 characteristics or shapes of the cells. Id. See also Helene, C. and Toulme, J., Biochim. Biophys. Acta 1049, 99-125 (1990); Cohen, J.S., Ed., Oligodeoxynucleotides as Antisense Inhibitors of Gene Expression; CRC Press:Boca Raton, FL (1987).

As used herein, "antisense oligonucleotide" is defined as a short sequence of synthetic nucleotides that 5 (1) hybridizes to any coding sequence in an mRNA which codes for the targeted protein, according to hybridization conditions described below, and (2) upon hybridization causes a decrease in gene expression of the targeted protein.

10 The mRNA sequence of the A, or A, adenosine receptor is derived from the DNA base sequence of the gene expressing either the A, or A, adenosine receptor. The sequence of the genomic human A, adenosine receptor is known and is disclosed in U.S. Patent No. 5,320,963 to G. 15 Stiles et al. The A, adenosine receptor has been cloned, sequenced and expressed in rat (see F. Zhou et al., Proc. Nat'l Acad. Sci. USA 89:7432 (1992)) and human (see M.A. Jacobson et al., U.K. Patent Application No. 9304582.1 (1993)). Thus. antisense oligonucleotides 20 downregulate the production of the A1 or A3 adenosine receptor may be produced in accordance with standard techniques.

One aspect of this invention is an antisense oligonucleotide having a sequence capable of binding 25 specifically with any sequence of an mRNA molecule which encodes an airway disease-associated protein so as to prevent translation of the mRNA molecule.

Chemical analogs of oligonucleotides (e.g., oligonucleotides in which the phosphodiester bonds have 30 been modified, e.g., to the methylphosphonate, the phosphordithicate, or the phosphorothicate, the phosphorodithicate, or the phosphoramidate, so as to render the oligonucleotide more stable in vivo) are also an aspect of the present invention. The naturally occurring phosphodiester linkages in oligonucleotides are susceptible to degradation by endogenously occurring cellular nucleases, while many analogous linkages are

highly resistant to nuclease degradation. See Milligan et al., and Cohen, J.S., supra. Protection from degradation can be achieved by use of a "3'-end cap" strategy by which nuclease-resistant linkages 5 substituted for phosphodiester linkages at the 3' end of the oligonucleotide. See Tidd, D.M. and Warenius, H.M., Br. J. Cancer 60, 343-350 (1989); Shaw, J.P. et al., Nucleic Acids Res. 19, 747-750 (1991). Phosphoramidates, phosphorothicates, and methylphosphonate linkages all 10 function adequately in this manner. More extensive modification of the phosphodiester backbone has been shown to impart stability and may allow for enhanced increased cellular permeation and oligonucleotides. See Milligan, et al., supra. 15 different chemical strategies have been employed to replace the entire phosphodiester backbone with novel Id. Backbone analoques phosphorothicate, phosphorodithicate, methylphosphonate, phosphoramidate, boranophosphate, phosphotriester, 20 formacetal, 3'-thioformacetal, 5'-thioformacetal, 5'thioether, carbonate, 5'-N-carbamate, sulfate, sulfonate, sulfamate, sulfonamide, sulfone, sulfite, sulfoxide, sulfide, hydroxylamine, methylene(methylimino) (MMI) or methyleneoxy(methylimino) (MOMI) linkages. methylphosphonate-modified 25 Phosphorothicate and oligonucleotides are particularly preferred due to their availability through automated oligonucleotide synthesis. Where appropriate, the antisense oligonucleotides may be administered in the form of their pharmaceutically

30 acceptable salts.

Antisense oligonucleotides may be of any suitable length (e.g., from about 10 to 60 nucleotides in length), depending on the particular target being bound and the mode of delivery thereof. Preferably the 35 antisense oligonucleotide is directed to an mRNA region containing a junction between intron and exon. Where the antisense oligonucleotide is directed to an intron/exon

junction, it may either entirely overlie the junction or may be sufficiently close to the junction to inhibit splicing out of the intervening exon during processing of precursor mRNA to mature mRNA (e.g., with the 3' or 5' terminus of the antisense oligonucleotide being is positioned within about, for example, 10, 5, 3, or 2 nucleotides of the intron/exon junction).

nucleotides of the intron/exon junction). When practicing the present invention, the antisense nucleotides administered may be related in 10 origin to the species to which it is administered. When treating humans, human antisense may be used if desired. Pharmaceutical compositions comprising antisense oligonucleotide as given above effective to reduce expression of an A, or A, adenosine receptor by 15 passing through a cell membrane and binding specifically with mRNA encoding an A1 or A3 adenosine receptor in the cell so as to prevent its translation are another aspect of the present invention. Such compositions are provided in a suitable pharmaceutically acceptable carrier (e.g., 20 sterile pyrogen-free saline solution). The antisense oligonucleotides may be formulated with a hydrophobic carrier capable of passing through a cell membrane (e.g., in a liposome, with the liposomes carried in a pharmaceutically acceptable aqueous carrier). 25 oligonucleotides may also be coupled to a substance which such a ribozyme. inactivates mRNA. as oligonucleotides may be administered to a subject to inhibit the activation of A_1 or A_3 adenosine receptors, which subject is in need of such treatment for any of the Furthermore, 30 reasons discussed herein. pharmaceutical formulation may also contain chimeric molecules comprising antisense oligonucleotides attached to molecules which are known to be internalized by cells. These oligonucleotide conjugates utilize cellular uptake 35 pathways to increase cellular concentrations oligonucleotides. Examples of macromolecules used in this manner include transferrin, asialoglycoprotein (bound to oligonucleotides via polylysine) and streptavidin.

In the pharmaceutical formulation the antisense compound may be contained within a lipid particle or 5 vesicle, such as a liposome or microcrystal. The particles may be of any suitable structure, such as unilamellar or plurilamellar, so long as the antisense oligonucleotide is contained therein. Positively charged lipids such as N-[1-(2,3-dioleoyloxi)propyl]-N,N,N-10 trimethyl-ammoniumethylsulfate, or"DOTAP, " particularly preferred for such particles and vesicles. The preparation of such lipid particles is well known. See, e.g., U.S. Patent Nos. 4,880,635 to Janoff et al.; 4,906,477 to Kurono et al.; 4,911,928 to Wallach; 15 4,917,951 to Wallach; 4,920,016 to Allen et al.;4,921,757 to Wheatlev et al.; etc.

Subjects may be administered the active composition by any means which transports the antisense nucleotide composition to the lung. The antisense compounds disclosed herein may be administered to the lungs of a patient by any suitable means, but are preferably administered by generating an aerosol comprised of respirable particles, the respirable particles comprised of the antisense compound, which particles the subject inhales. The respirable particles may be liquid or solid. The particles may optionally contain other therapeutic ingredients.

Particles comprised of antisense compound for practicing the present invention should include particles of respirable size: that is, particles of a size sufficiently small to pass through the mouth and larynx upon inhalation and into the bronchi and alveoli of the lungs. In general, particles ranging from about .5 to 10 microns in size are respirable. Particles of non-respirable size which are included in the aerosol tend to deposit in the throat and be swallowed, and the quantity of non-respirable particles in the aerosol is preferably

minimized. For nasal administration, a particle size in the range of 10-500 μm is preferred to ensure retention in the nasal cavity.

Liquid pharmaceutical compositions of active 5 compound for producing an aerosol can be prepared by combining the antisense compound with a suitable vehicle, such as sterile pyrogen free water. Other therapeutic compounds may optionally be included.

Solid particulate compositions containing
10 respirable dry particles of micronized antisense compound
may be prepared by grinding dry antisense compound with
a mortar and pestle, and then passing the micronized
composition through a 400 mesh screen to break up or
separate out large agglomerates. A solid particulate
15 composition comprised of the antisense compound may
optionally contain a dispersant which serves to
facilitate the formation of an aerosol. A suitable
dispersant is lactose, which may be blended with the
antisense compound in any suitable ratio (e.g., a 1 to 1
20 ratio by weight). Again, other therapeutic compounds may
also be included.

dosage of the antisense administered will depend upon the disease being treated, the condition of the subject, the particular formulation, 25 the route of administration, the timing of administration In general, intracellular subject, etc. concentrations of the oligonucleotide of from .05 to 50 μM , or more particularly .2 to 5 μM , are desired. For administration to a subject such as a human, a dosage of 30 from about .01, .1, or 1 mg/Kg up to 50, 100, or 150 mg/Kg or more is typically employed. Depending on the solubility of the particular formulation of active compound administered, the daily dose may be divided among one or several unit dose administrations. 35 Administration of the antisense compounds may be carried out therapeutically (i.e., as a rescue treatment) or

prophylactically.

Aerosols of liquid particles comprising the antisense compound may be produced by any suitable means, such as with a nebulizer. See, e.g., U.S. Patent No. 4,501,729. Nebulizers are commercially available devices 5 which transform solutions or suspensions of the active ingredient into a therapeutic aerosol mist either by means of acceleration of a compressed gas, typically air or oxygen, through a narrow venturi orifice or by means of ultrasonic agitation. Suitable formulations for use 10 in nebulizers consist of the active ingredient in a liquid carrier, the active ingredient comprising up to 40% w/w of the formulation, but preferably less than 20% w/w. the carrier is typically water or a dilute aqueous alcoholic solution, preferably made isotonic with body 15 fluids by the addition of, for example, sodium chloride. additives include preservatives formulation is not prepared sterile, for example, methyl hydroxybenzoate, antioxidants, flavoring agents, volatile oils, buffering agents and surfactants.

Aerosols of solid particles comprising the 20 active compound may likewise be produced with any solid particulate medicament aerosol generator. for administering solid particulate generators medicaments to a subject produce particles which are 25 respirable, as explained above, and generate a volume of aerosol containing a predetermined metered dose of a medicament at a rate suitable for human administration. One illustrative type of solid particulate aerosol generator is an insufflator. Suitable formulations for 30 administration by insufflation include finely comminuted powders which may be delivered by means of an insufflator or taken into the masal cavity in the manner of a snuff. In the insufflator, the powder (e.g., a metered dose thereof effective to carry out the treatments described 35 herein) is contained in capsules or cartridges, typically made of gelatin or plastic, which are either pierced or opened in situ and the powder delivered by air drawn

through the device upon inhalation or by means of a manually-operated pump. The powder employed in the insufflator consists either solely of the active ingredient or of a powder blend comprising the active 5 ingredient, a suitable powder diluent, such as lactose. and an optional surfactant. The active ingredient typically comprises from 0.1 to 100 w/w of the formulation. A second type of illustrative aerosol generator comprises a metered dose inhaler. Metered dose 10 inhalers are pressurized aerosol dispensers, typically containing a suspension or solution formulation of the active ingredient in a liquified propellant. During use these devices discharge the formulation through a valve adapted to deliver a metered volume, typically from 10 to 15 150 µl, to produce a fine particle spray containing the active ingredient. Suitable propellants include certain chlorofluorocarbon compounds. for dichlorodifluoromethane. trichlorofluoromethane, dichlorotetrafluoroethane and mixtures thereof. 20 formulation may additionally contain one or more cosolvents, for example, ethanol, surfactants, such as oleic acid or sorbitan trioleate, antioxidants and suitable flavoring agents.

The aerosol, whether formed from solid or 25 liquid particles, may be produced by the aerosol generator at a rate of from about 10 to 150 liters per minute, more preferably from about 30 to 150 liters per minute, and most preferably about 60 liters per minute. Aerosols containing greater amounts of medicament may be 30 administered more rapidly.

The following examples are provided to illustrate the present invention, and should not be construed as limiting thereon. In these examples, \(\mu \) means micromolar, \(\mu \) means milliliters, \(\mu \) means sincrometers, \(\mu \) means millimeters, \(\mu \) means centimeters, \(\cdot \mu \) means degrees Celsius, \(\mu \) means micrograms, \(\mu \) means

milligrams, g means grams, kg means kilograms, M means molar, and h means hours.

EXAMPLE 1

Design and synthesis of antisense oligonucleotides

The design of antisense oligonucleotides against the λ₁ and λ₃ adenosine receptors may require the solution of the complex secondary structure of the target λ₁ receptor mRNA and the target λ₃ receptor mRNA. After generating this structure, antisense nucleotides are 10 designed which target regions of mRNA which might be construed to confer functional activity or stability to the mRNA and which optimally may overlap the initiation codon. Other target sites are readily usable. As a demonstration of specificity of the antisense effect, other oligonucleotides not totally complementary to the target mRNA, but containing identical nucleotide compositions on a w/w basis, are included as controls in antisense experiments.

Adenosine A, receptor mRNA secondary structure
was analyzed and used as described above to design a
phosphorothioate antisense oligonucleotide. The
antisense oligonucleotide which was synthesized was
designated HAMANAS and had the following sequence:

5'-GAT GGA GGG CGG CAT GGC GGG-3' (SEQ ID NO:1)
As a control, a mismatched phosphorothioate
antisense nucleotide designated HAdAlMM was synthesized
with the following sequence:

5'-GTA GCA GGC GGG GAT GGG GGC-3' (SEQ ID NO:2)

Each oligonucleotide had identical base content and general sequence structure. Homology searches in GEMBANK (release 85.0) and EMBL (release 40.0) indicated that the antisense oligonucleotide was specific for the human and rabbit adenosine A, receptor genes, and that the

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mismatched control was not a candidate for hybridization with any known gene sequence.

Adenosine A₃ receptor mRNA secondary structure was similarly analyzed and used as described above to 5 design two phosphorothioate antisense oligonucleotides. The first antisense oligonucleotide (HAdA3ASI) synthesized had the following sequence:

5'-GTT GTT GGG CAT CTT GCC-3' (SEQ ID NO:3)

As a control, a mismatched phosphorothioate antisense 10 oligonucleotide (HAda3MM1) was synthesized, having the following sequence:

5'-GTA CTT GCG GAT CTA GGC-3' (SEQ ID NO:4)

A second phosphorothicate antisense oligonucleotide (HAdA3AS2) was also designed and 15 synthesized, having the following sequence:

5'-GTG GGC CTA GCT CTC GCC-3' (SEO ID NO:5)

Its control oligonucleotide (HAdA3MM2) had the sequence:

5'-GTC GGG GTA CCT GTC GGC-3' (SEQ ID NO:6)

Phosphorothioate oligonucleotides were 20 synthesized on an Applied Biosystems Model 396 Oligonucleotide Synthesizer, and purified using NENSORB chromatography (DuPont, MD).

EXAMPLE 2

Testing of Al-Adenosine Receptor

Antisense Oligonucleotides in vitro

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The antisense oligonucleotide against the human ${\tt A}_1$ receptor (SEQ ID NO:1) described above was tested for

efficacy in an *in vitro* model utilizing lung adenocarcinoma cells HTB-54. HTB-54 lung adenocarcinoma cells were demonstrated to express the A₁ adenosine receptor using standard northern blotting procedures and 5 receptor probes designed and synthesized in the laboratory.

HTB-54 human lung adenocarcinoma cells (106/100 mm tissue culture dish) were exposed to 5.0 µM HAdAlAS or HAdalMM for 24 hours, with a fresh change of media and 10 oligonucleotides after 12 hours of incubation. Following 24 hour exposure to the oligonucleotides, cells were harvested and their RNA extracted by standard procedures. A 21-mer probe corresponding to the region of mRNA targeted by the antisense (and therefore having the same 15 sequence as the antisense, but not phosphorothicated) was synthesized and used to probe northern blots of RNA prepared from HAdalas-treated, HAdalmm-treated and nontreated HTB-54 cells. These blots showed clearly that HAdalas but not HAdalam effectively reduced human 20 adenosine receptor mRNA by >50%. This result showed that HAdalas is a good candidate for an anti-asthma drug since it depletes intracellular mRNA for the adenosine A1 receptor, which is involved in asthma.

EXAMPLE 3

Efficacy of A,-Adenosine Receptor

Antisense Oligonucleotides in vivo

A fortuitous homology between the rabbit and human DNA sequences within the adenosine A₁ gene overlapping the initiation codon permitted the use of the phosphorothioate antisense oligonucleotides initially designed for use against the human adenosine A₁ receptor in a rabbit model.

Neonatal New Zealand white Pasteurella-free rabbits were immunized intraperitoneally within 24 hours of birth with 312 antigen units/mL house dustmite (D. farinae) extract (Berkeley Biologicals, Berkeley, CA),

mixed with 10% kaolin. Immunizations were repeated weekly for the first month and then biweekly for the next 2 months. At 3-4 months of age, eight sensitized rabbits were anesthetized and relaxed with a mixture of ketamine 5 hydrochloride (44 mg/kg) and acepromazine maleate (0.4 mg/kg) administered intramuscularly.

The rabbits were then laid supine in a comfortable position on a small molded, padded animal board and intubated with a 4.0-mm intratracheal tube 10 (Mallinkrodt, Inc., Glens Falls, NY). A polyethylene catheter of external diameter 2.4 mm with an attached latex balloon was passed into the esophagus and maintained at the same distance (approximately 16 cm) from the mouth throughout the experiments. 15 intratracheal tube was attached to a heated Fleisch pneumotachograph (size 00; DOM Medical, Richmond, VA), and flow was measured using a Validyne differential (Model DP-45161927; Validyne pressure transducer Engineering Corp., Northridge, CA) driven by a Gould 20 carrier amplifier (Model 11-4113; Gould Electronic, Cleveland, OH). The esophageal balloon was attached to one side of the differential pressure transducer, and the outflow of the intratracheal tube was connected to the opposite side of the pressure transducer to allow 25 recording of transpulmonary pressure. Flow was integrated to give a continuous tidal volume, and measurements of total lung resistance (RL) and dynamic compliance (Cdyn) were calculated at isovolumetric and flow zero points, respectively, using an automated 30 respiratory analyzer (Model 6; Buxco, Sharon, CT).

Animals were randomized and on Day 1 pretreatment values for PC50 were obtained for aerosolized adenosine. Antisense (HAdA1AS) or mismatched control (HAdA1MM) oligonucleotides were dissolved in sterile physiological saline at a concentration of 5000 ug (5 mg) per 1.0 ml. Animals were subsequently administered the aerosolized antisense or mismatch

oligonucleotide via the intratracheal tube (approximately 5000 µg in a volume of 1.0 ml), twice daily for two days. Aerosols of either saline, adenosine, or antisense or mismatch oligonucleotides were generated by an ultrasonic nebulizer (DeVilbiliss, Somerset, PA), producing aerosol

droplets 80% of which were smaller than 5 μm in diameter.

In the first arm of the experiment, four randomly selected allergic rabbits were administered antisense oligonucleotide and four the mismatched control oligonucleotide. On the morning of the third day, PC50 values (the concentration of aerosolized adenosine in mg/ml required to reduce the dynamic compliance of the bronchial airway 50% from the baseline value) were obtained and compared to PC50 values obtained for these 15 animals prior to exposure to oligonucleotide.

Following a 1 week interval, animals were crossed over, with those previously administered mismatch control oligonucleotide now administered antisense oligonucleotide, and those previously treated with antisense oligonucleotide now administered mismatch Treatment methods oligonucleotide. measurements were identical to those employed in the first arm of the experiment. It should be noted that in six of the eight animals treated with antisense 25 oligonucleotide, adenosine-induced bronchoconstriction could not be obtained up to the limit of solubility of adenosine, 20 mg/ml. For the purpose of calculation, PC50 values for these animals were set at 20 mg/ml. The values given therefore represent a minimum figure for Actual effectiveness was 30 antisense effectiveness. The results of this experiment are illustrated in both Figure 1 and Table 1.

TABLE 1. EFFECTS OF ADENOSINE A, RECEPTOR ANTISENSE OLIGONUCLEOTIDE UPON PC50 VALUES IN ASTHMATIC RABBITS.

	Mismatch Control		A, receptor Antisense oligonucleot		
5	Pre oligonucleotide	Post oligonucleotide	Pre oligonucleotide	Post oligonucleotide	
	3.56 ± 1.02	5.16 ± 1.93	2.36 ± 0.68	>19.5 ± 0.34**	

Results are presented as the mean $(N=8)\pm SEM$. Significance was determined by repeated-measures analysis of variance (ANOVA), and Tukey's protected t test. **Significantly different from all other groups, P<0.01.

In both arms of the experiment, animals receiving the antisense oligonucleotide showed an order of magnitude increase in the dose of aerosolized adenosine required to reduce dynamic compliance of the lung by 50%. No effect of the mismatched control oligonucleotide upon PC50 values was observed. No toxicity was observed in any animal receiving either antisense or control inhaled oligonucleotide.

These results show clearly that the lung has exceptional potential as a target for antisense oligonucleotide-based therapeutic intervention in lung disease. They further show, in a model system which closely resembles human asthma, that downregulation of the adenosine A, receptor largely eliminates adenosine induced bronchoconstriction in asthmatic airways. Somethial hyperresponsiveness in the allergic rabbit model of human asthma is an excellent endpoint for antisense intervention since the tissues involved in this response lie near to the point of contact with aerosolized oligonucleotides, and the model closely simulates an important human disease.

EXAMPLE 4

Specificity of A1-adenosine receptor

Antisense oligonucleotide

At the conclusion of the crossover experiment of Example 3, airway muscle from all rabbits was quantitatively analyzed for adenosine A₁ receptor number. As a control for the specificity of the antisense oligonucleotide, adenosine A₂ receptors, which should not have been affected, were also quantified.

Airway smooth muscle tissue was dissected from 10 each rabbit and a membrane fraction prepared according to described methods (J. Kleinstein and H. Glossmann, Naunvn-Schmiedeberg's Arch. Pharmacol. 305, (1978), with slight modifications. Crude plasma membrane 15 preparations were stored at - 70°C until the time of assay. Protein content was determined by the method of Bradford (M. Bradford, Anal. Biochem. 72, Frozen plasma membranes were thawed at room (1976)). temperature and were incubated with 0.2 U/ml adenosine 20 deaminase for 30 minutes at 37°C to remove endogenous The binding of [3H] DPCPX (A1 receptoradenosine. specific) or [3H]CGS-21680 (A2 receptor-specific) was measured as previously described. S. Ali et al., J. Pharmacol. Exp. Ther. 268, 1328-1334 (1994); S. Ali et al., Am. J. Physiol 266, L271-277 (1994).

As illustrated in both Figure 2 and Table 2, with adenosine Α. antisense animals treated oligonucleotide in the crossover experiment had a nearly 75% decrease in A, receptor number compared to controls, 30 as assayed by specific binding of the A,-specific antagonist DPCPX. There was no change in adenosine A2 receptor number, as assayed by specific binding of the ${\rm A}_{2}$ 2-[p-(2-carboxyethyl)agonist receptor-specific phenethylamino] -5' - (N-ethylcarboxamido) adenosine (CGS-

35 21680).

TABLE 2. SPECIFICITY OF ACTION OF ADENOSINE A, RECEPTOR ANTISENSE OLIGONUCLEOTIDE.

		oligonucleotide oli	igonucleotide	
5	A ₁ -Specific Binding	1105 ± 48**	293 ± 18	
	ASpecific Binding	302 ± 22	442 ± 171	

Results are presented as the mean $(N=8)\pm$ SEM. Significance was determined by repeated-measures analysis of variance (ANOVA), and Tukey's protected t test. **Significantly different from mismatch control. P < 0.01.

The above demonstrates the effectiveness of antisense oligonucleotides in treating airway diseases. Since the antisense oligonucleotides described above eliminate the receptor systems responsible for adenosine-mediated bronchoconstriction, it may be less imperative to eliminate adenosine from them. However, it would be preferable to eliminate adenosine from even these oligonucleotides. Examples of such adenosine-free oligonucleotides are provided below in Example 5.

EXAMPLE 5

The method of the present invention is also practiced with the following antisense oligonuclectides targeted to their corresponding proteins, in essentially the same manner as given above, for the treatment of various conditions in the lungs. Described below is a series of antisense oligonuclectides targetting the mRNA of proteins involved in inflammation. Adenosine has been eliminated from their nucleotide content to prevent its liberation during degradation.

In the following, the first sequence provided
after the name of the targeted inflammation-involved
protein is the antisense sequence that targets the
initiation codon, wherein the naturally-occurring
adenosine is substituted by one of the following: (1) a
universal base that is not adenosine; (2) a adenosine
analog that lacks the ability to bind to the adenosine Al

and/or A3 receptors; or (3) a "spacer." Any one of these three is represented in the sequence as the letter "B," recognized by the IUPAC-IUB Nomenclature Commission as "not-A." See Patentin User Manual, p.99 (November 1990). 5 Listed following the antisense sequence targeted against the initation codon are additional antisense oligonucleotide sequences directed against other portions of the mRNA of the targeted protein. These additional sequences are the "des-adenosine antisense sequences," in 10 that they do not contain adenosine within the sequence. Fragments of the following sequences that are at least ten, and more preferably at least twelve, nucleotides in length are also an aspect of the presnet invention and are useful in carrying out the present 15 invention. Fragments set forth below that span multiple lines of test indicate "5'-" at the beginning thereof, and "-3'" at the end thereof.

Human Al adenosine receptor:

5'-GGC GGC CTG GBB BGC TGB GBT GGB GGG CGG CBT
20 GGC GGG CBC BGG CTG GGC-3'

des-adenosine antisense sequences: TTT TCC TTC CTT TGT CTC TCT TC

GCT CCC GGC TGC CTG

CTC GGC CGT GCG GCT CTG TCG CTC CCG GT

25 CCG CCG CCC TCC GGG GGG TC

TGC TGC CGT TGG CTG CCC

CTT CTG CGG GTC GCC GG

TGC TGG GCT TGT GGC

GGC CTC TCT TCT GGG

CCT GGT CCC TCC GT

30

GGT GGC TCC TCT GC

GCT TGG TCC TGG GGC TGC

TGC TCT CCT CTC CTT

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	Human	A2a	adenosine receptor: GTBCBCCGBGGBGCCCBTGBTGGGCBTGCCBCBGBCGBCBGGC
			des-adenosine antisense sequences:
5			HSA2ARECAS1: TGC TTT TCT TTT CTG GGC CTC (SEQ ID No:7)
			HSA2ARECAS2: TGT GGT CTG TTT TTT TCT G
			HSA2ARECAS3: GCC CTG CTG GGG CGC TCT CC
			HSA2ARECAS4: GCC GCC CGC CTG GCT CCC
			HSA2ARECAS5: GGB GCC CBT GBT GGG CBT GCC
10			HSA2ARECAS6: GTG GTT CTT GCC CTC CTT TGG CTG
			HSA2ARECAS7: CCG TGC CCG CTC CCC GGC
			HSA2ARECAS8: CTC CTG GCG GGT GGC CGT TG
			HSA2ARECAS9: GGC CCG TGT TCC CCT GGG
			HSA2ARECAS10: GCC TGG GGC TCC CTT CTC TC
15			HSA2ARECAS11: GCC CTT CTT GCT GGG CCT C
			HSA2ARECAS12: TGC TGC TGC TGC TGT GGC CCCC
	Human	A2b	adenosine receptor:
			5'-BCBGCGCGTCCTGTGTCTCCBGCBGCBTGGCC
			GGGCCBGCTGGGCCCC-3'
20			des-adenosine antisense sequences:
20			HSA2BRECAS1: 5'-GGC GCC GTG CCG CGT CTT GGT GGC
			GGC GG-3' (SEQ ID NO:8)
			HSA2BRECAS2: 5'-GTT CGC GCC CGC GCG GGG CCC CTC
			CGG TCC-3'
25			HSA2BRECAS3: 5'-TTG GCC CGC GCG CCC GCC CGT CTC
			GGG CTG GGC GG-3'
			HSA2BRECAS4: CGG GTC GGG GCC CCC CGC GGC C
			HSA2BRECAS5: 5'-GCC TCG GGG CTG GGG CGC TGG TGG
			CCG GG-3'
30			HSA2BRECAS6: CCG CGC CTC CGC CTG CCG CTT CTG
			HSA2BRECAS7: GCT GGG CCC CGG GCG CCC CCT
			HSA2BRECAS8: CCC CTC TTG CTC GGG TCC CCG TG
	Human	A3 a	denosine receptor
			5'-BCB GBG CBG TGC TGT TGT TGG GCB TCT TGC CTT
35			CCC BGG G-3'
			des-adenosine antisense oligonucleotides:
			CCC TTT TCT GGT GGG GTG
			GTG CTG TTG TTG GGC
			919 619 110 110 000
			TTT CTT CTG TTC CC
40	Human	IgE	receptor β:
			5'-BTTTGCTCTCTBTTBCTTTCTGTGTCCBTTTTTT
			CBTTBBCCGBGCTGT-3'

des-adenosine antisense sequences: HUMIgE β rAS1: TTT CCC CTG GGT CTT CC (SEQ ID NO:9)

HUMIGEβrAS2: CTC CTG CTC TTT TTT C

35

Human	Fc-epsilon 5'-TCTC	receptor):
GGBTTCTCCCGB-3'						
	4		. +		 _	

des-adenosine antisense sequences:
5 HUMIGERCD23AS1: GCC TGT GTC TGT CCT (SE
ID NO:10)
HUMIGERCD23AS2: GCT TGC TTC CTC TCC
HUMIGERCD23AS3: CTG CTT GGT GCC CTT GCC G

HUMIGECCD23AS3: CTG CTT GCT GCC CTT GCC G
HUMIGECCD23AS4: GTC CTG CTC CTC GCG GCT GTG G

10 HUMIGECCD23AS5: 5'-GTC GTG GCC CTG GCT CCG
GCTGGT GGG CTC CCC TGG-3'

HUMIGERCD23AS6: CCT TCG CTG GCT GGC GGC GTG C HUMIGERCD23AS7: GGG TCT TGC TCT GGG CCT GGC TGT HUMIGERCD23AS8: GGC CGT GGT TGG GGG TCT TC HUMIGERCD23AS8: GCT GCC TCC GTT TGG GTG GC

15 HUMIGErCD23AS9: GCT GCC TCC GTT TGG GTG GC

Human IgE receptor, α subunit: 5'-BCBGTBGBGTBGGGBTTCCBTGGCBGGBGCCBTC TTCTTCBTGGBCTCC-3'

and

20 5'-TTC BBG GBG BCC TTB GGT TTC TGB GGG BCT GCT BBC BCG CCB TCT GGB GC-3'

des-adenosine antisense sequences: $\mbox{HUMIgEr} \alpha \mbox{NS1: GCCTTTCCTGGTTCTCTT (SEQ ID NO:11)}$

GTT GTT TTT GGG GTT TGG CTT

25 Human IgE receptor, Fc epsilon R: 5'-GBT CTC TGB BTB TTGB CCT TCC BTG GCG GTC CTG CTT GGB-3'

des-adenosine antisense sequences:
HSJGEBFRAS1: GCC TGT GTC TGT CCT (SEQ ID

MO:12)
HSJGEBFRAS2: GCT TCG TTC CTC TCG TTC
HSJGEBFRAS3: CTG CTT GGT GCC CTT GCC G

HSJGEBFRAS4: GTC CTG CTC CGG GCT GTG G
HSJGEBFRAS5: 5'-GTC CTC GCC CTG GCT CCG GCT GGT
GGG CTC CCC TGG-3'
HSJGEBFRAS6: CCT TCG CTC GCT GGC GGC GTG C

HSJGEBFRAS6: CCT TCG CTG GCT GGC GGG CTG GCH HSJGEBFRAS7: CCC BGB BCG BGB CCC GGB CCG BCB HSJGEBFRAS8: GGC CGT GGT TGG GGG TCT TC HSJGEBFRAS9: GCT GCC TCC GTT TGG GTG GC

40 Human histidine decarboxylase: 5'-CTC TGT CCC TCT CTC TCT GTB CTC CTC BGG CTC CBT CBT CTC CCT TGG GC-3'

des-adenosine antisense sequences:

HUMHDCAS1: TCT CCC TTG GGC TCT GGC TCC TTC TC 45 (SEQ ID NO:13)

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HUMHDCAS2: TCT CTC TCC CTC TCT CTC TGT HUMHDCAS3: CGCCTCCGCCCTGGCTGCTGGGGTGGTGGT HUMHDCAS4: TTT TGT TCT TCC TTG CTG CC HUMHDCAS5: GCC CCG CTG CTT GTC TTC CTC G

5 Human beta tryptase:

5'-GG CCT GGC CTG GGG CBG GCG CCG CGT BGG CGC GGC TCG CCB GGB CGG GCB GCB GCB GCB GCB GBT TCB GCB TCC TGG-3'

des-adenosine antisense sequences:

10 HUMBTRYPAS1: CTTGCTCCTGGGGGCCTCCTG (SEQ ID No:14)

HUMBTRYPAS2: GTC CCT CCG GGT GTT CCC GGC

Human tryptase-I:

5'-CCT GGB CTG GGG CBG GGG CCC CGT BGG CGC GGC
TCG CCB GGB CGG GCB GCC GCB GCB GCB GCC TCB
GCB TCC TGG CCB CGB BBT TCC-3'

des-adenosine antisense sequences: HUMTRYAS1: CTTGCTCCTGGGGGCCTCCTG (SEQ ID NO:15) HUMTRYAS2: GTC CCT CTG GCT G TT CCC GGC

20 Human prostaglandin D synthase:

5'-CCC CBG CBG GBC CBG TCC CBT CCB CBG CGT GTG BTG BGT BGC CBT TCT CCT GCB GCC GBG-3'

des-adenosine antisense sequences:
HUMPROSYNAS1:GGTGTGCGGGCCTGGTGCC (SEQ ID NO:16)

HUMPROSYNAS 2: CCT GGG CCT CGG GTG CCT GT
HUMPROSYNAS 3: GCG CTG CCT TCT TCT CCT GG
HUMPROSYNAS 6: 5'-GTC CTC GGG GCC CTT GCT

GCC CTG GCT GT -3'
HUMPROSYNAS 5: GCC CTG GGG GTC TGG GTT CGGCTGT

30 Human cyclooxygenase-2:

35

40

5'-TGB GCG CCB GGB CCG CGC BCB GCB GGG CGC
GGG CGB GCB TCG CBG CGG GCB GGG-3'

des-adenosine antisense sequences: HMMCYCLOXAS1: GGGCGCGGCGBGCBTCGC(SEQ ID NO:17) HUMCYCLOXAS2: TTT GGG CTT TTC TCC TTT GGT T

Human eosinophil cationic protein:

5'-CBG BCB BBT TTG GGB BGT GBB CBG TTT TGG BBC CBT GTT TCC CBG TCT CTG BGC TGT GGC-3'

des-adenosine antisense sequences:
HSECPAS1: CCTCCTTCC TGG TCT GTC TGC (SEQ ID
NO:18)

Human eosinophil derived neurotoxin: 5'-CCC CBB CBG BBG BBG CBG BCB BBT TTG GGB BGT GBB CBG TTT TGG BBC CBT GTT TCC TGT-3'

	des-adenosine antisense sequences: HSSOSDMAS1: GCC CTG CTG CTC TTT CTG CT (SEQ ID NO:19)
	HSEOSDNAS 2: TCC CTT GGT GGG TTG GGC C
5	HSEOSDNAS 3: GCT GGT TGT TCT GGG GTT C HSEOSDNAS 4: TTG CTG CCC CTT CTG TCC C
	HSEOSDNAS 5: TGT TTG CTG GTG TCT GCG C
	Human eosinophil major basic protein:
	GGG GGB GTT TCB TCT TGG CTT T
10	des-adenosine antisense sequences:
10	TCT CCC CTT GTT CCT CCC C
	TCT CCT GCT CTG GTG TCT CCT C
	· ·
	TTC CCT CCC TCC CCT GCC
	GTG TTG TCT GTG GGT GTC C
15	GTT TCG CTC TTG TTG CCC
	TGG GCC CTT CCC TGC TGG
	Human eosinophil peroxidase:
	5'-GCB CCG TCC BGT GBT GGT GCG GTB CTT GTC GCT
	GCB GCG CTC GGC CTG GTC CCG GBG BGC-3'
20	des-adenosine antisense sequences:
	HSEPAS1: GCGCTCGGCCTGGTCCCGG (SEQ ID NO:20) HSEPAS2: GGG TCT CCT CTT GTT GTT GC
	HSEPAS3: TTG CGC CTC CTG CTG GGG GT CC
25	HSEPAS4: CTC TGT TCT TGT TTT GGG GGC HSEPAS5: GGG CCC GGC CGT TGT CTT G
25	HSEPAS6: GTT TGG GGG TTT CCG TTG
	HSEPAS7: GGG TTC TCC TGG CCC GGG CCT TGC CC HSEPAS8: GGC CGT GGT CCC GGC TTC GTT GC
	HSEPAS9: CCT GTC TCC GTC TCG GCT CTT CTG
30	HSEPAS10: GGG CCT TGC GCT GTC TTT GGT G
	Human intercellular adhesion molecule-1 (CAM-1):
	5' - CGG BGC CTC CCC GGG GCB GGB TGB CTT TTG BGG
	GGG BCB CBG BTG TCT GGG CBT TGC CBG GTC CTG GGB BCB GBG CCC CGB GCB GGB CCB GGB GTG CGG GCB GCG
35	CGG GCC GGG GGC TGC TGG GBG CCB TBG CGB GGC TGB
	G-3'
	des-adenosine antisense sequences:
40	HSICAM1AS1: GCGCGGGCCGGGGGCTGCTGGG (SEQ ID No:21)
40	HSTCAMIAS2: GGT TGG CCC GGG GTG CCC C
	HSICAMIAS3: GCC GCT GGG TGC CCT CGT CCTCTGCGGTC HSICAMIAS4: GTG TCT CCT GGC TCT GGT TCC CC
	HSICAM1AS5: 5'-GCT GCG CCC GTT GTC CTC TGG GGT
45	GGCCTTC-3'

		HSICAMIAS6: GCT CCC GGG TCT GGT TCT TGT GT HSICAMIAS7: TGG GGG TCC CTT TTT GGG CCT GTT GT HSICAMIAS8: GGC GTG GCT TGT GTG TTT GGT TTC HSICAMIAS9: TGC CCT GTC CTC CGG CGT CCC
5	Human	vascular cell adhesion molecule 1 (VCAM-1): 5'-CTG BGC BBG BTB TCT BGB TCT TGG GGT GGT CTC GBT TTT BBBB GCT TGE BBB GCT GCB BBC BTT BTC CBB BGT BTB TTT GBG GCT CCB BGG BTC BCG BCC BTC TTC CCB GGC BTT TTB BGT TGC TGT CGT -3'
		TTC CCB GGC BTT TTB BGT TGC TGT CGT -3'
10		des-adenosine antisense sequences: HSVCAMIAS1: CCTCTTTTCTGTTTTTCCC (SEQ ID NO:22) HSVCAMIAS2: CTC TCC CTT TCT TTG GGT TCG HSVCAMIAS3: CTT CCT TTC TCC TCT TCC C HSVCAMIAS4: CTGTGTCTCCTGTTCTTCTTTTCTTC
15		HSVCAMLASS: GTC TTT GTT GTT TTC TCT TCC TTG
	Human	endothelial leukocyte adhesion molecule (ELAM-1): 5'-BBG TGB GBG CTG BGB GBB BCT GTG BBG CBB TCB TGB CTT CBB GBG TTC TTT TCB CCC -3'
20		des-adenosine antisense sequences: HUMELANIAASI: GITCITGGCTICTICTGTC(SEQ ID NO:23) HUMELANIAASI: GIT TGG TT CTC GTT GTC CC HUMELANIAASI: TGT GGG CTT CTC GTT GTC CC HUMELANIAASI: CCC TTC GGG GGC TGG TGG HUMELANIAASI: GGC CGT CCT TGC CTG G
25	Human	P Selectin: des-adenosine antisense sequences: HUMPSELECTAS1: CTCTGCTGGT TTTCTGCCTT CTGCCC (SEQ ID NO:24)
30	Human	endothelial monocyte activating factor: des-adenosine antisense sequences: HUMEMAPIIASI: 5'-TIT TCT CTT TCG CTT TCT CGTCTCCTGTTCCTCTTTT-3' (SEQ ID No:25)
35		HUMEMAPIIAS2: 5'-TTG CTG TTT TTT CTC CTT CTT CTC TCC TTT CTT TTC -3'
	Human	IL3:
		5'-GGCGGBCCBGGBGTTGGBGCBGGBGCBGGCBGGGCB GGCGGCTCBTGTTTGGBTCGGCBGGBGGCBCTC -3'
40		des-adenosine antisense sequences: HUMILJAASI: 5'-CTC TGT CTT GTT CTG GTC CTT CGT GGG GCT CTG (SEQ ID No:26)-3' HUMILJAAS2: TGT CGC GTG G GTG CGG CCG TGG CC
	Human	IL3 receptor:
45		5'-GCBGGBGBCBGGGCBGCGBTCBGGBGCBGCGT GBGCCBBBGGBGGBCCBTCGGGBBCGCBGCTCCG

GBBCGCBGGBCBGBGGTGCC-3'

		des-adenosine antisense sequences: TCTGGGGTGTCCTG
		GCCTTCGTGGTTCC
5		TCTTCCTTCGTTTGC
		CGTCCGCGGGCCCCCGGGCCT
		GGCTGCGCTCCTGCCCCGC
		CTCTTTCCCGGGCTCTT
10		GCGCTGGGGGTGCTCC
		CGTGTGTTTGCGCCCTCCTCCTGGTCGC
		GCTTGTCGTTTTGG
15		GGCCGGCTTTGCCCGCCTCCC
		GGCGCCTGGCCCGGCC
20		TTCCTGGGCTGCGTCGC
20		GTTCTGTTCTTCCTGGC
	Human IL4	: 5'-GCCGGCBCBTGCTBGCBGGBBGBBCBGBGGGGB
25		BGCBGTTGGGBGGTGBGBCCCBTTBBTBGGTGTCGB-3'
		des-adenosine antisense sequences: HUMIL4AS1: CTC TGG TTG GCT TCC TTC-3' (SEQ ID NO:27)
30	Human IL4	receptor: 5'-GTTCCCBGBGCTTGCCBCCTGCBGCBGGBCCBGCCBGCTC
30		BCBGGGBBCBGGCCCBGBGCBBGCCBCCCCBTTGGGBG BTGCCBBGGCBCCBGGCTG-3'
35		des-adenosine antisense sequences: TCTGCGCGCCCCTGCTCC
		CGCCCGGCTTCTCT
		CGTGTGGGCTTCGG
40		CCCCGCGCCTCCGTTGTTCTC
		TGCTCGCTGGGCTTG
45		GGTTTCCTGGGGCCCTGGGTTTC
		TCTGCCGGGTCGTTTTC
		GGGTGCTGGCTGCG

	CTTGGTGCTGGGGCTCC
5	GGCGGCTGCGGCTTGGG
	CTTGGCTGGTTCCTGGCCTCGGG
	CCTCCTCCTCCTC
10	GCTCCCTTTTCTTCCTCT
	TCCCTGCTCTC
15	TGCCCTCCCTCCTGG
12	GGTGCCTCCTTGGGCCCTGC
	GGCTGCTCCTTGCCCC
20	CTCTGGGTCGGGCTGGC
	GGGGCGTCTCTGTGC
25	CTGGCCTGGGTGCC
25	GCCTCTCCTGGGGG
	GGTGGCTCCCTGTCC
30	CCTTTTCCCCCGGCTCC
30	GTGGGGGCTTTGGC
	GGGGGTCTGTGGCCTGCTCCTGGGG
35	AGGGGTCTGGGGCCCTC
	TTTTGGGGGTCTGGCTTG
40	GCCTGGCTGCCTTCC
40	GGGGCCTGCCGTGGGGC
	TGTCCTCTGTTGCTCCCCTT
45	TGCCTGCTGTCTGG
	GGTTCCCGCCTTCCCT
	Human IL5:
50	5'-GTGGGBBTTTCTGTGGGGBTGGCBTBCBGGTBGGCB GCTCCBBGBGCTBGCBBBCTCBBBTGCBGBBGCBTC CTCBTGGCTCTNBBBCG -3'

		des-adenosine antisense sequences: HUMIL5AS1: TCC CTG TTT CCC CCC TTT NO:28)	(SEQ	ID
5		HUMIL5AS2: CGT TCT GCG TTT GCC TTT GGC HUMIL5AS3: GTT TTT TGT TTG TTT TCT HUMIL5AS4: CTC TCC GTC TTT CTT CTC C		
		HUMIL5AS5: CCT CCT GCC TGT GTC CCT GCT HUMIL5AS6: GAG GGT TTC TGG CTT CCT CTC HUMIL5AS7: TGT CTC TCT GTC CTT TTG TT	T	C
10		HUMILSAS8: 5'-TGT TGT GCG GCC TGG TGC GCCCCG GG-3'	TGC	CCT
	Human IL5	receptor antisense oligonucleotide 5'-CTCBGTGGCCCCCBBBBGGBT		
15		GBGTBBTBCBTGCGCCBCGBT GBTCBTBTCCTTTTTBCTBTGBGG-3'		
		des-adenosine antisense sequences: CCGTGTCTGTCGTGTCT		
20		TTCCTTTGCTCTTG		
		GTGTGTCTTTGCTGT		
		GCCCTGCCTCTGC		
25	Human IL6	:		
		5'-CTCCTGGGGGTBCTGGGGCBGGGBB GGCBGCBGCBBCBCCBGGBGCBGC		
		CCCBGGBGBBGGCBBCTGGBCCGB		
3,0		BGCCGCTTGTGGBGBGGBGBTTCBT BGCTGGGCTCCTGGBGGGGBGBTBGBGC-3'		
		des-adenosine antisense sequence:		
		HUMIL6AS1: GCT TCT CTT TCG TTC CCG GTG (SEQ ID NO:29)	GGC	TCG
		HUMIL6AS2: GTG GCT GTC TGT GTG GGG CGG	CT	
35		HUMIL6AS3: GTG CCT CTT TGC TGC TTT C HUMIL6AS4: GAT TCT TTG CCT TTT TCT GC		
	Human IL6	receptor antisense oligonucleotides		
		5'-GCBCGCCTCTTGCCBCCTCCTGCGCBGGCB GCGCCTTGGGGCCBGCGCCGCTCCCGGCGCG		
40		GCCBGCBGGCCBGCCGCGCGCGCGCGCGCGCGCGCGCGC		
		CCBTGGTCCCGCBGBGGCGGBCBGGC-3'		
		des-adenosine antisense sequences: GGGGGTGGCTTCCTGCC		
45		GCGTCTCTGGGCCGTCCC		
		GTCCCTCGGCCCGCGCGCGCTCGGCTCCTCTCCC		
		TCTGGCCCGGCTC		

	000000000000000000000000000000000000000
	GGCGCTGCCCTGCGC
5	GCGGCGCTGGCCCC
	TGCTGGCCGTCGGCTGCCGCTGCTGCCCT
	GCTGGCCGCGGG
10	GCCTGTCCGCCTCTGCGGG
	CGCTGTCTCCTGGC
	TTGTCTTCCGGCTCT
+	TCTGCTGGGGTGGG
15	GCTGGGCGGCCCGGT
	GCTGGGGCTCCTCGGGGGG
20	GGGGGCTCTTCCGG
	GCTGTCTCCCTCCGGG
	GCGGGGTTTCTGGCC
25	GTGGGGGTCTTGCC
	TGGCCTCCGGGCTCC
30	TGCTTGTCTTGCCTTCCTTC
	TCTGGTCGGTTGTGGCTCG
35	GGGCTCCGTGGGTCCCTGGC
35	GCCCGTTTGTGTTTTGTC
	TTTTCCCCTGGCGT
40	CCCTGTGCCCCTCTCCTCTCCTCTCTCTCTCTC
	GCTCTCCTTTGTGGG
45	GCCCTCCCTGCTGCT
45	CTTGGTTTTGGGCT
	TTTTTCTCTTCCTCCTTTTTC
50	GTGCGTGGGCCTCC

5	Human	monoyte-derived neutrophil chemotactic factor: 5'-GGGGTGGBBBGGTTTGGBGTBTGTTTBTGCBCTGB CBTCTBBGTTCTTTBGCBCTCCTTGGCBBBGCTGCCB CTTCBCBCBGBGCTCCBGBBBTCBGGBBGGTGCCBB GBGBGCCBCGGCCBGCTTGGBBGTCBTGTTTBCBCBC BGTGBGBTGGTTCCTTCCGG-3'
10		des-adenosine antisense sequences: HSMDNCFASI: GCT TGT GTG CTC TGC TGT CTC T (SEQ IN NO:30) HSMDNCFAS2: 5'.TGG TTC CTT CCG GTG GTT TCT TCC TGG CTC TTG TCC T -3' HSMDNCFAS3: TTC TCT TGG CCC TTG GC
15	Human	neutrophil elastase (medullasin): 5'-GGGCTCCCGCGCGBGBGGTTTEGGCTCCCBGGBCCBC CCGCBCCGCGCGBCGTTTBCBTTCGCCBCCBGTGCGC GGCGBCGTGGGBGTGGGCCGBTCTGGGTGGCCC CCGGBBGTGGGCCCCCCCGCBGTCGBGGCCBCCTGGBG GGCCBCGCTGGGCCGCGCTCGCCGCCCCCCBCBBT CTCCGBGGCCBGGCGGGGGGCGCCCCCCBCBGT
20		CBGBCBCBGGGBGBGBCBCGCGBGTCTCTGCCCCTC CGTGC-3'
25		des-adenosine antisense oligonucleotides: HSMEDURAS1: 5'-TGG TGG GGC TGG GGC TCC GGG GTC TCT GCC CCT CCG TGC-3' (SEQ ID NO:31) HSMEDURAS3: CGC TGG GGC CGC GCC CGC HSMEDURAS3: CGC GGC CTG GCC GCC GCC HSMEDURAS5: CGC GGC CT GCC GGC CCC TC HSMEDURAS5: CGC GGC CTC GCC GGC CGC GCC
30		GTC CCG GGG GTG GGG-3' HSMEDURAS6: CGC GBG TCG GCG GCC GBG GGT C
35	Human	neutrophil oxidase factor: 5'-CGGGBETGGGGGTCCTGGBCGGCGCTGCBGGGCTCCTGGGGGCTCCTTCGTCTCCGCTGCCBGCBCCCTTC BTTCCBGGGCTGBTGGCTCCBCCGGGBCBTGBTTBGG TBGBBBCTBGGBGCC-3'
40		des-adenosine antisense sequence: HUMNOXFAS1: GGC CTC CBC CBG GGB CBT G (SEQ ID NO:32) HUMNOXFAS2: GTC CTT GTC GGC TGC C HUMNOXFAS3: TCT CTG GGG TTT TCG GTC TGG GTG G HUMNOXFAS4: GCT TTC CTC CTG GGG CTG CTG CTG
45		HUMNOXFASS: 5'-GGC TCT TCT TTT TGT TTC TGG CCT GCTG-3' HUMNOXFAS6: CTC TCT GGT GCC CTT TCC HUMNOXFAS7: CTT GGT TGT TTT TT GT HUMNOXFAS8: 5'-GGCCTCGCCCEGCGGGGGCBTGGTCCTTCTT GTCCGCTTGCC -3'

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5	Human	cathepsin G: 5'-CCCTCCECBTCTCCTCTCGBCCTCTCGBCTCTCGBCTCTCGBTCTCTCGBCCTCTCGGGCGGG
10		des-adenosine antisense sequences: HUMCTHGASI: GTG GGG CCT GCT CTC CCG GCC TCC G (SEQ ID No:33) HUMCTHGAS2: TGTGTTGCTGGGTGTTTTCCCGTCTCTGG HUMCTHGAS3: TCT GCC TTC GGG GGT CGT
15	Human	defensin 1: 5'-CCGGGGCTGCBGCBBCCTCBTCBGCTCTTGCCT GGBGTGGCTGCBGCCTGCCBGGGCCBCCB GGBGBBTGGCBGCBGBGGTCCTCB TGGCTGGGGTCCBCGBTCCTCBGCTBGCBGG GTGBCCBGBGBGGGC-3'
20		des-adenosine antisense sequences: HUMDEF1AAAS1: GGG TCC TCB TGG CTG GGG (SEQ ID NO:34) HUMDEF1AAAS2: GCC TGG GCC TGC BGG GCC HUMDEF1AAAS3: GCT CTT GCC TGG BGT GGC TC HUMDEF1AAAS4: GCC CBG BGT CTT CCC TGG T
25	Human	defensin 3: 5'-CGCTGCBBTCTGCTCCGGGGCTGCBGCBBCCTCBTC BGCTCTTGCTGGBGTGGCTCBGCCTGGGGCCTGCBG GGCCBCCBGGBGBTGGCBCGCGGGGGTGCCGBGGGT CCTCBTGGCTGGGGTCBCCTGGBGGGGGGGGGG
30		des-adenosine antisense sequences: HUMMTRIIIAS1: GG TCC TCB TGG CTG GGG TC (SEQ ID NO:35) HUMNTRIIIAS2: CCT CTC TCC CGT CCT
35	Human RECEPT	macrophage inflammatory protein-1-alpha: RANTES TOR 5'-GBGGGGGGGGGGTGGGCCCCBBBGGCCCTCTCGT TCBCCTTCTGGCBCGGGGGTTGCBTCCCCCBTBGTCBB BCTCTGTGGTGTGTBTBGTCCTCTGTGTGTTTTG GBGTTTCCBTCCCGGCTTCTCTCTGTTCCBBGGB-3'
40		des-adenosine antisense sequences: HUMRANTESAS1: GTC TTT GTT TCT GGG CTC GTG CC (SEQ ID No:36) HUMRANTESAS2: CCB TCC CGG CTT CTC TCT GGT TCC
45		HUMRANTESAS3: GTC CTCTGT GGT GTT TGG HUMRANTESAS4: 5'-CCC TGC TTC CTT TTG CCT GTT TCTTTGTTT CTGGGCTCGT GCC -3'

	RANTES:		
5	KANIES:	5'-GGGCBCGGGGCBGTGGCCGGCBBTGTBGGC BBBGCBGCBGGTGTGCTGTCCGBGGBBTBTGGG GBGCBGBTGCBGBGCGCTGCGCGGGBGTBCTGC TGBGGBTGBCBCCGGGGCGTTCCGCGGGGGCCTTC BTGGTBCCTGTGGBGGGGTGTCGGGGG-3'	
		des-adenosine antisense sequences:	
		GGGTGTGGTCCG	
10		CTTGGCGGTTCTTTCGGGTG	
		TTTCTCTCTGGGTTGGC	
15		CTGCTGCTCGTGGTC	
		GCTCCGCTCCCGGGTTC	
		GTCTCGCTCTGTCGCCC	
20		CTTCCTTGTC	
		GTGTTCCTCCCTTCCTTGCCTCT	
	Human mus	carinic acetylcholine receptor HM1:	
		4 4	
25		des-adenosine antisense sequences:	
		HSHM1AS1: GTT CBT GGT GGC TBG GTG GGG C (SEQ ID
		NO:37)	
		HSHM1AS2: GCT GCC CGG CGG GGT GTG CGC TT	
		HSHM1AS3: GCTCCCGTG CTC GGT TCT CTG TCTC	CCGGT
30		HSHM1AS4: CCC CCT TTG CCT GGC GTC TCG G	
		HSHM1AS5: GCC TTC GTC CTC TTC CTC TTC	
		HSHM1AS6: 5'-GCT CCG TGG GGG CTG CTT	GGTGGG
		GGCCTG TGC CTC GGG GTC C-3'	
		HSHM1AS7: CGG GGC TTC TGG CCC TTG CC	
35	Human mus	carinic acetylcholine receptor HM3:	
		des-adenosine antisense sequences:	
		HSHM3AS1: GGG GTG GGT BGG CCG TGT CTG GG	G (SEO
		ID NO:38)	
		HSHM3AS2: GTT GGC CBT GTT GGT TGC C	
40		HSHM3AS3: TCT TGG TGG TGC GCC GGG C	
		HSHM3AS4: 5'-GCG TCT TGG CTT TCT TCT C	CT TCG
		GGC CCT CGG GCC GGT GCT TGT GC	3-3'
		HSHM3AS5: 5'-GCT CCT CCC GGG CGG CCT C	CC CGG
		GCG GGG GCT TCT TG-3'	
45		HSHM3AS6: GCG CTG GCG GGG GGG CCT CCT CC	2
		HSHM3AS7: 5'-GCT CTG TGG CTG GGC GTT C	CT TGG
		TGT TCT GGG TGG C-3'	
		HSHM3AS8: TGG CGG GCG TGG TGG CCT CTG TG	G TGG
		HSHM3AS9: GGG CCC GCG GCT GCB GGG G	
50		HSHM3AS10: TTG CCT GTC TGC TTC GTC	
		HSHM3AS11: CTT TGC GCT CCC GGG CCG CC	

Human fibronectin:

	des-adenosine antisense sequences:
	HUMFNA/HSFIB1AS1: CGG TTT CCT TTG CGG TC (SEQ ID NO:39)
5	HUMFNA/HSFIBLAS2: TTG GCC CGG GCT CCG GGT G
	HUMFNA/HSFIB1AS4: 5'-CCC GCC GGG CTG TCC CCG
	CCC CGC CCC-3'
	HUMFNA/HSFIB1AS5: GGC CCG GGG CGC GGG GG
10	HUMFNA/HSFIB1AS6: CGG CCC TCC CGC CCC TCT GG
	HUMFNA/HSFIB1AS7: GCC GGC GCG GGC GTC GG
	HUMFNA/HSFIB1AS9: 5'-CCG CTC GCG CCT GGG GTT
	CCC TCT CCT CCCCTGTGC-3' HUMFNA/HSFIB1AS10: GCC TGC CTC TTG CTC TTC
15	HUMFNA/HSFIBLAS10: GCC TGC CTC TTG CTC TTC HUMFNA/HSFIBLAS11: TGC GTC CGC TGC CTT CTC CC
13	HUMFNA/HSFIBIASI1: IGC GIC CGC IGC CIT CIC CC HUMFNA/HSFIBIASI2: CTC TCC TCG GCC GTT GCCTGTGC
	HUMFNA/HSFIBIAS12: CTC TCC TCG GCC GTT GCCTGTGC
	TCC GTG GTG C-3'
	HUMFNA/HSFIB1AS14: TGT TGT CTC TTC TGC CCT C
20	HUMFNA/HSFIB1AS15: GGT GTG CTG GTG CTGGTGGTGGTG
	HUMFNA/HSFIB1AS16: CCT CTG CCC GTG CTC GCC
	HUMFNA/HSFIB1AS17: CTG CCT GGG CTG GCCTCTTCGGGT
	HUMFNA/HSFIB1AS18: 5'-GTG GCT TTG GGG CTC TCT
	TGG TTG CCC TTT-3'
25	HUMFNA/HSFIB1AS19: 5'-CTT CTC GTG GTG CCT CTC
	CTC CCT GGC TTG GTC GT-3'
	HUMFNA/HSFIB1AS20: TGT CTG GGG TGG TGCTCCTCTCCC
	HUMFNA/HSFIB1AS21: TTT CCC TGC TGG CCG TTT GT
	HUMFNA/HSFIB1AS22: CCT GTT TTC TGT CTT CCT CT
30	HUMFNA/HSFIB1AS23: TTC CTC CTG TTT CTC CGT
	HUMFNA/HSFIB1AS24: 5'-TTG GCT TGC TGC TTG CGG
	GGC TGT CTC C-3'
	HUMFNA/HSFIB1AS25: CTT GCC CCT GTG GGC TTT CCC HUMFNA/HSFIB1AS26: TGG TCC GGT CTTCTCCTTGGGGGTC
35	HUMFNA/HSFIBIAS27: GCC CTT CTT GGT GGG CTG
35	HUMFNA/HSFIBIAS28: GCT CGT CTG TCT TTT TCC TTCC
	HUMFNA/HSFIBIAS29: 5'-TGG GGG TGG CCG TTG TGG
	GCG GTG TGG TCC GCC T-3'
	HUMFNA/HSFIB1AS30: TGC CTC TGC TGG TCT TTC
	HOPHINA HOLLBIADOU. 100 CTC 100 TCT 110
40	Human interleukin 8:
	5'-GBTGTTTGTTBCCBBBGCBTCBBGBBTBGCTTTGC
	TBTCTBBGGBTCBCBTTTBGBCBTBGGBBBBCGC
	TGTBGGTCBGBBBGBTGTGCTTBCCTTCBCBCBG
	BGCTGCBGBBBTCBGGBBGGCTGCCBBGBGBGCC
45	BCGGCCBGCTTGGBGTCBTGTTTBCBCBCBGTGBG-3'
	des-adenosine antisense sequences:
	HUMIL8AAS1: GTG CTC CGG TGG CTT TTT (SEQ ID
	NO:40)
	HUMIL8AAS2: GCT TGT GTG CTC TGC TGT CTC TG
50	HUMIL8AAS3: 5'-TTC CTT CCG GTG GTT TCT TCC TGG CTC TTG TCC T-3'
	HUMIL8AAS4: TTC TCT TGG CCC TTG GCC C
	HUMILBAAS4: IIC ICI 166 CCC IIG GCC C

5	Human	5'-BEGGGCTTBBTCTTCBTCTGCBGGTGGCB TGCCBGTGBBBTTTTGBCTCBTCBBBBTCCCBCBT CGTGGGBTCTGTBBTTTTGBCTGCTCTTC BGTTTCBGCBTGGTTTGBTCTBBCTGBBGCBCCG GCCBGG-3'
		des-adenosine antisense sequences: TGGCTCGGTGCTTCTGCCCC
10		TGTTGTTGCGGCGCTC
		GGTTGGTGTGCCCCTG
		TGGTGCTTCGTTTCC
15		CCCTCTTTCTCTTTGTTC
		GGGGGTTCTTGTGGC
		GGGCTGCTTGTCTCGTTCC
20	Human	GM-CSF:
		5'-CTTGBGCBGGBBGCTCTGGGGCBGGGBGCTGGCBG GGCCCBGGGGGTGGCTTCCTGCBCTGTCCBGBGT
		GCCCCBGGGGGTGGCTTCCTGCBCTGTCCBGBGT
		CTTCBTGGGGCTCTGGGTGGCBGGTCCBGCCBTGG
25		GTCTGGGTGGGGCTGGGGCTGCBGGCCBTGG
25		GICIGGGIGGGCIGGGCICCGGGC-3
		des-adenosine antisense sequences: HUMGCSFAS1:GGT CCB GCC BTG GGT CTG GG (SEQ ID NO:41) HUMGCSFAS2:GGC TGG GCT GCB GGC TCC GG
30		HUMGCSFAS3: GCG GGC GGG TGC GGG CTG CGT GCT GGG HUMGCSFAS4: GGC TGC CCC GCA GGC CCT GC
	Unman	tumor necrosis factor α:
	numan	5'-CBCCGCCTGGBGCCCTGGGGCCCCCCTGTCTTCTTGGG
		GBGCGCCTCCTCGGCCBGCTCCCGGBTCBTGCTTT
35		CBGTGCTCBTGGTGTCCTTTCCBGGGGBGBGBGGGG-3'
		des-adenosine antisense sequences HSTMFAASI: GCT GCT CTG CTG TCC TTG CTG (SEQ ID NO:42)
		HSTNFAAS2: GTG CTC BTG GTG TCC TTT CC
40		HSTNFAAS3: GCC CTG GGG CCC CCC TGT CTT CTT GGGG
40		HSTNFAAS4: CCT CTT CCC TCT GGG GGC CG
		HSTNFAASS: TCT CTC TCC CTC TCT TGC GTC TCT C
		HSTNFAAS6: TCT TTC TCT CTC TCT CTT CCC C
		HSTNFAAS7: TTT CCC GCT CTT TCT GTC TC
45		HSTNFAAS8: GGT GTC TGG TTT TCT CTC TCC
		HSTNFAAS9: GCT GGC TGC CTG TCT GGC CTG CGC TCTT
		HSTNFAAS10: GGC CTG TGC TGT TCC TCC
		HSTNFAAS11: TCC GGT TCC TGT CCT CTC TGT CTG TC
		HSTNFAAS12: GCC CCC TCT GGG GTC TCC CTC TGG C
50		HSTNFAAS13: GTG GTG GTC TTG TTG CTT

25

30

40

HSTNFAAS14:	GGG	CTG	GGC	TCC	GTG	TCT	C
HSTNFAAS15:	CBG	TGC	TCB	TGG	TGT	CC	
HSTNFAAS16:	GCT	GBG	GGB	GCG	TCT	GCT	GGC

(SEQ ID NO:43)

HSU11552AS2: 5'-CCT CGT CCT TCA TGG TAC CGT
CGTGTG GGT GGC-3'

HSU11552AS3: CTC GGG TGG GCC GGT GGT G
HSU11552AS4: GGG CGC GGC TGC CGT
HSU11552AS5: 5'-GGC TCC GGT TCT TCT TCC CGG

HSU11552AS5: 5'-GGC TCC GGC TCT TCT TTC CCG GCTCCG TCG GCC CGG GGG CCTTGGTCTC-3' HSU11551AS6:CCT CGT TCF TCF TGG TBC CG

20 Human Endothelin-1:

5'-BCGGCGGBGCCGCCBGGGTGGBCTGGGBCTGGGTT TCTCCCCGCGTTCTCBCCCBCCGCGCTGBGCTCBGGC CTBBGBCTGCTGTTTCTGGBCTCCTTGGCBBGCCBCB BCBGCBGGBGBBBBTCBTCBGCBBTBBTCCTTTCTGB BBBBBBGGGTCBBBBBCCTCCCGT-3'

des-adenosine antisense sequences:

GCGCTGCGGGTTCCTC

GTGGGTTTCTCCCCGCCGTTCTC

CGGTCTGTTGCCTTTGTGGG

CTTCTTGTCTTTTTTGGCT

GTTCTTTTCCTGCTTGGC

GTCTTTTCCTTTCTT

TGTGCTCGGTTGTGGGTC

35 CGCTGGTCCTTTGCC

CTGTGTGTTTCTGCTG

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des-adenosine antisense sequences: GCGTCCGGTGGCCGCCGC

GCCTCTCTCCTCTCCCC

GTGGCCCTGTCGGGCGGG

5 TCCTGCCGTCCTGTCTCCTTT

TCTTTTGCTGTCTTGT

CTTCCCGTCTCTGCTTT

Endothelin ETA receptor antisense oligonucleotides 5'-CBTCCBCBTGBTTGCTTBGBTTTGTGTGTBTCTCTCB GGBTTBTCBCTGBTTBCCBCTGCBGCCBBBB

 ${\tt GGBTGCCCTGBGGCBBBGGGTTTCCBTCTTGBGGCBBBTTT}$

GBGGB-3'

GTCTGTCCTCCCGTCTCCTCCC

15 ACTGCTTCTCCCGGGG

GCTTCCCCGGCTTC

GGGTGGCCGGTGTCCCGGGCTCCGGCGCGCGCGC

des-adenosine antisense sequences:

20 GGCTTCGGCTGC

GGGTGGGTGGCGCGG

GCTGCCGGGTCCGCGCGCGCCTGGGCC

25 CTTGTGCTGCTTTT

TGCTTGTTCCGTTC

TGGCTGCTCCGGTCTGTGTTGTGGTTGTTTTG

TTTCTTCTTGGGTGTGGG

30 CCTTGCGGTTTTGG

35

40

CTGTGGGCCCTTTG

GGGCCTTGGCTTCTGGCTC

Substance P antisense oligonucleotide 5'-CTGCTGBGGCTTGGGTCTCCGGGCGBTTCTCTGCBGBBGBT

GCTCBBBGGGCTCCGGCBGTTCCTCCTTGBTCTGGTCGCTGTCG TBCCBGTCGGBCCBGTBBTTCBGBTCBTCBTTGGCTCCTBTTTC TTCTGCBBBCBGCTGBGTGGBGBCBBGBBBBBBBGBCTGCCBBGG

CCBCGBGGBTTTTCBTGTTGGBTTTTGCGBCGGBCBGTCCCGCG

GGGTGCTGAGTTTCTCTGGTTCCTCCGBGCGCB-3'

		des-adenosine antisense sequences: CGTGGTCGCTCCGC
		TTTCTCTGGTTCCTCCG
		GTCCCGCGGGGTGCTG
5		TCTGGTCGCTGTCGT
		GGCTTGGGTCTCCGGGCG
		GTTTCCTTTCCGC
10	Substance	P receptor antisense oligonucleotide 5'-GGCTBBGBTCBBTCCECBTCCECTTCCCCBCCBCB GBGGTCBCGCBBTCBCCGTTBGCBGCTCCCCBBGGBCBB TTGCCBGCTGTTCCBCGBBCTGBTTCGBGTTCCBGGGTT BGTGGGBTGTTTCGGGGBGBGGTCTBBGTCCBCCGGGBGGBCG TTBTCCBTTTCGBGCTBGGGGTBBBGCCTTGTTCGTBC
15		BCBBCCCCCCTCTGCBGCBGBGTCCTGTCGTGGCGCCTGGGGC TCBGGGTCC-3'
		des-adenosine antisense sequences: GTCCTGTCGTGGGGCCTC
20		TTCTTTGTGGGCT
		CTTTGGTGGCTGTGGCTG
		TGGTCTCTGTGGTTG
25		CTGCCCTGGGTCTGG
		GGGTGTGGCCTTGGGCCCCCC
30	Chymase	5'-GGBGCTGBTBCTGCBGATTTCBGBGGBBGBBCCCT GBTBCTCBCCBGCTTCBGCTCTGGBGCBCBBGBBBGB GCBGCGGGGGGBGBBGGBGGGGGGTCTTTCCCBGGB GGCTGCCTGBGCBBFGTGTTTTCTTTCCBGTCTT GGTTTTBTBBCTCCCBGBBGGGGBGBGGGGCBBGG-3'
35		des-adenosine antisense sequences: CGTTTCTCTCTC
		TGCTGGTTTTCCTTTCC
40		TGGCAGTGGGGTGGGGTGGC
10		TTCCTTGTTCCTGGGGGTGTCCT
		CTTGCTCTGGGCTTTTCT
45		CCCCTTTCCTTCC
		TGTCTGTTTTCCTGGGG

	CTCTCCTCTGTCTCTGTGT
	CCTTGCCCTGGCCC
5	TCTTCCCTCTCTGTCTCCTGT
	CCCTGTGTTCCGCCC
	, GTCTTCCCTCTCCTG
10	ACCTCCTTTTCCTCCG
	CTGGGTGGGCCCTG
	CCTGTTCTCTGCTCCC
	TGGCTTGGGGTTTCTTCTG
15	TGTGTCTTCCTCTGTT
	GGCTGGCTTTCTCCTTC
	TTTTGTCTTCCTGGG
	TGCCCCTTCTTCCTTTCTTGGG
20	TCCTTGGTGCTTGGGCTGGG
25	Endothelial nitric oxide synthase 5'-gcGTCTTGGGGTGCEGGGCCCBTCTGCTGCGCCTGGGG CTGBGGGTGTCBTGGTGTGTGTGCGCCTGGGG CTGBGGGTGTGTTGTGGGCCCTCTGGGGGTTBGCGGGB GCCGGGTGGCTTTTCTGGGCCTTGGTGGGGTTBGCGGGB GCCCGGCTGGGCTG
30	des-adenosine antisense sequences: CTGTGCGTCCGTCTGCTGG
	GGGCCGGGTGGCTGGCCCTGCTTGCCGC
	ACGACCCGGGCCGACCCGAG
35	GCTCGGGGGCTGTGTTCTGGCGCTGGTGGG
	CTTGGGCCCCTCTGGGGGCTGGGTT
	TCCTGCTGCGCCTGGGCGCTG
	GCGTCTTGGGGTGC
	GGGGCCGGGGGGG
40	GCCGCTGTTCGTGGGCCTGGG

	GGTGCCTGTGGCTGCC
	GGTTGCCCCGGTTGGTGGC
	GCCGTCCTGCTGCCGGT
	CGTTGGCTGGGTCCCCCCGC
5	CCGTTTCCTGGGGTCC
	GCGTGGGGTGCTCC
	GGTTCCTCGTGCCG
	CTGCTGCCTTGTCTTTCC
	GGCCGTGGCGGCGTGGTCC
10	GCCCCCCTGGCCTTCTGCTC
	GGGGTCTGGCTGGT
	TGCCGGTGCCCTTGGCGGC
	GGTCTTCTTCCTGGTG
	GCTCTGGGCCCGGCCGGTCTCGG
15	GCGTCTCGTGTTCG
	CTCTTGTGCTGTTCCGGCCG
	CTCCTTCCTCTTCCGCCGCC
	GCCGCTCCCCGCCC
20	GCTCGTCGCCCTGGCCC
	GGCCTCCTCCTGGCCGC
	TGTCTCGGGCGGCGCCTTGGC
	GCTCCGTTTGGGGCTG
	CCTCTGGCGCTTCC
25	GGCCCTCGGCCTGGGCGCTC
	TCTTCCGCCTGTGC
	TGGTGGCCCTCGTGG
	GCCCCTCCTGGCCTCCGGTGTCC
	TGTGGTCCCCCGGCTGGT

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		GGCCGGGCCGGTTGGGCGGGC
		GTGGGCGCGGGGTCCTCC
		GGGCTGCCCTTCTCC
5		GCCGGGGGTCCCGC
5		GCTCCTGCTGTTCCCTGGGCTCTTCTGCC
		TCTCTCCTGGGTGGGTGCCG
10		GGGTCTCCGGGCTTG
		CCCCGCGCTGCTGGGCGTTCTGC
15		GGTCTTGGGGTTGTC
15		TGTGGCCCCGCTCG
		TGTCGCCCTCCGTCGCC
20		CGTCGCCGGCCTCGTCC
		CCTCCTGGGTGCGC
25		GGCGGGCTGGTCCT
25		GGCGTTTTGCTCCTTGG
	Inducible	nitric oxide synthase 5'-CTGCCCCBGTTTTTGBTCCTCBCBTGCCGTGGGGBGGB
30		CBBTGGGGTTGCBTCCBGCTTGBCCBGBGBTTCTGGBG BCTTCTTTCCCGTCTCCBCGBGGGCTGCGGGGBCTCB
		TTCTGCTGCTGGBGGTTGTGBTBCTGBGGTCBTCC TGTGTCBCTGGBCTGG
		CBCBTTGTTGBTGTCTTTTTCCCCBTTCBTTGCBT BCTGGTGGBBTTTGGTCTTGBBCBGBBBTTTCCBBGGB
35		CBGGCCBTCTCTBTGGCTTTBCBBBGCBGGTCBCTTBT GTCBCTTBTCTGGBTTTGBGCTCBGBTGTTCTTCBCTG
		TGGGGCTTGCBGCTGCCTCCCCGGGGTB-3'

Human major basic protein: GTTTCATCTT GGCTTTATCC (SEQ ID NO:44)

EXAMPLE 6

40 Turning now to Figure 3, two asthmatic rabbits were adminstered adenosine, and two rabbits were adminstered dAMP, at the indicated concentrations, by inhalation as described above in Example 3. The results 45 (shown in Figure 3 as change in compliance) indicate that dAMP, a breakdown product of antisense oligodeoxynucleotides containing adenosine, is as potent in the induction of bronchoconstruction as adenosine in the hyperresponsive airways of asthmatic rabbits.

EXAMPLE 7

5 An aerosolized phosphorothicate antisense ODN consisting of 50% adenosine and 50% quanine plus cytosine in a random configuation was found to potent bronchoconstrictor airways of asthmatic hyperreactive rabbits. 10 illustrated in Figure 4. The control molecule used in this study, a phosphorothicate 21-mer antisense ODN consisting of 50% quanine and 50% thymidine plus cytosine (des-adenosine ODN) produced no bronchoconstrictor or any other effect in these same animals.

15 In this study, bronchoconstrictor effects were measured as a percentage change in bronchial compliance. Each group consisted of two allergic rabbits, and data shown are for the period following the second of two daily administrations of 5 mg aerosolized ODN by

20 nebulizer.

These results indicate that antisense oligonucleotides, even when modified to slow degradation, produce adenosine metabolites capable of potent bronchoconstriction when adminstered in asthmatic

25 airways.

The foregoing examples are illustrative of the present invention, and are not to be construed as limiting thereof. The invention is defined by the following claims, with equivalents of the claims to be included therein.

SFOUENCE LISTING

- (1) GENERAL INFORMATION:
 - (i) APPLICANT: Nyce. Jonathan W.
 - (ii) TITLE OF INVENTION: Method of Treatment of Lung Diseases Using Antisense Oligonucleotides
 - (iii) NUMBER OF SEQUENCES: 44
 - (1v) CORRESPONDENCE ADDRESS:
 - (A) ADDRESSEE: Kenneth D. Sibley
 - (B) STREET: Post Office Drawer 34009
 - (C) CITY: Charlotte
 - (D) STATE: NC (E) COUNTRY: USA
 - (F) ZIP: 28234
 - (v) COMPUTER READABLE FORM:
 - (A) MEDIUM TYPE: Floppy disk

 - (B) COMPUTER: IBM PC compatible (C) OPERATING SYSTEM: PC-DOS/MS-DOS (D) SOFTWARE: PatentIn Release #1.0, Version #1.30
 - (vi) CURRENT APPLICATION DATA:
 - (A) APPLICATION NUMBER:
 - (B) FILING DATE:
 - (C) CLASSIFICATION:
 - (viii) ATTORNEY/AGENT INFORMATION:
 - (A) NAME: Sibley, Kenneth D.
 (B) REGISTRATION NUMBER: 31,665
 - (C) REFERENCE/DOCKET NUMBER: 5218-32
 - (ix) TELECOMMUNICATION INFORMATION:
 - (A) TELEPHONE: (919) 881-3140 (B) TELEFAX: (919) 881-3175 (C) TELEX: 575102
- (2) INFORMATION FOR SEO ID NO:1:
 - (i) SEQUENCE CHARACTERISTICS:
 - (A) LENGTH: 21 base pairs (B) TYPE: nucleic acid

 - (C) STRANDEDNESS: single
 - (D) TOPOLOGY: linear
 - (ii) MOLECULE TYPE: DNA (genomic)
 - (xi) SEQUENCE DESCRIPTION: SEQ ID NO:1:

-46-	
(2) INFORMATION FOR SEQ ID NO:2:	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 21 base pairs (B) TYPE: nucleic acid (C) STRANDENICSS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:2:	
GTAGCAGGCG GGGATGGGGG C	21
(2) INFORMATION FOR SEQ ID NO:3:	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
(x1) SEQUENCE DESCRIPTION: SEQ ID NO:3:	
GTTGTTGGGC ATCTTGCC	18
(2) INFORMATION FOR SEQ ID NO:4:	
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(ii) MOLECULE TYPE: DNA (genomic)	

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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:6:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:7:	
TGCTTTTCTT TTCTGGGCCT C	21
(2) INFORMATION FOR SEQ ID NO:8:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:8:	

GGCGCCGTGC CGCGTCTTGG TGGCGGCGG

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(2)	INFORMATION FOR SEQ ID NO:9:		
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	(ii) MOLECULE TYPE: DNA (genomic)		
	(xi) SEQUENCE DESCRIPTION: SEQ ID NO	:11:	
GCCT	TTCCTG GTTCTCTT		18
(2)	INFORMATION FOR SEQ ID NO:12:		
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(ii) MOLECULE TYPE: DNA (genomic)	
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(2) INFORMATION FOR SEO ID NO:13:	10
(2) INFORMATION FOR SEQ 1D NO.13: (i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 26 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:13: TCTCCCTTGG GCTCTGGCTC CTTCTC	26
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(1) SEQUENCE CHARACTERISTICS: (A) LENGTH: 21 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	

(ii) MOLECULE TYPE: DNA (genomic)

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(xi) SEQUENCE DESCRIPTION: SEQ ID NO:15:	
CTTGCTCCTG GGGGCCTCCT G	21
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(ii) MOLECULE TYPE: DNA (genomic)	
(ix) FEATURE: (A) NAME/KEY: misc_feature (B) LOCATION: 12 (D) OTHEN INFORMATION: /standard_name= "Reduced A"	
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(ii) MOLECULE TYPE: DNA (genomic)	

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:18:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:21:	

GCGCGGGCCG GGGGCTGCTG GG

22

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	(CONTRACT DECORATION CEO IN NO CO		
007	(xi) SEQUENCE DESCRIPTION: SEQ ID NO:22		_
	CTITTCT GTTTTTCCC	1	9
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	(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 19 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear		
	(ii) MOLECULE TYPE: DNA (genomic)		
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GTT	CTTGGCT TCTTCTGTC	19	ð
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(ii) MOLECULE TYPE: DNA (genomic)	
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ттистетт состисти теотетеста ттестести т	41
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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 33 base pairs (B) TYPE: nucletc acid (C) STRANDEDMESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
· .	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:26: CTCTGTCTTG TTCTGGTCCT TCGTGGGGCT CTG	33
(2) INFORMATION FOR SEQ ID NO:27:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:27:	
CTCTGGTTGG CTTCCTTC	18
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(A) LENGTH: 18 base pairs
(B) TYPE: nucleic acid
(C) STRANDEDNESS: single
(D) TOPOLOGY: linear

(ii) MOLECULE TYPE: DNA (genomic)

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(xi) SEQUENCE DESCRIPTION: SEQ ID NO:28:		
тссствтттс сссссттт	1	18
(2) INFORMATION FOR SEQ ID NO:29:		
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 27 base pairs (B) TYPE: nucleic acid (C) STRANDEDMESS: single (D) TOPOLOGY: linear		
(ii) MOLECULE TYPE: DNA (genomic)		
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:29:		
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(2) INFORMATION FOR SEQ ID NO:30:		
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 22 base pairs (B) TYPE: nucleic actid (C) STRANDEDNS: Single (D) TOPOLOGY: linear		
(ii) MOLECULE TYPE: DNA (genomic)		
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(2) INFORMATION FOR SEQ ID NO:31:	_	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 39 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear		
(ii) MOLECULE TYPE: DNA (genomic)		
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:31:		
TGGTGGGGCT GGGGCTCCGG GGTCTCTGCC CCTCCGTGC	2	9
(2) INFORMATION FOR SEQ ID NO:32:	J	,

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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 19 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
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GTCCTTCTTG TCCGCTGCC	19
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(xi) SEQUENCE DESCRIPTION: SEQ ID NO:33: GTGGGGCCTG CTCTCCCGGC CTCCG	25
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:34:	
GGGTCCTCAT GGCTGGGG	18
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(ii) MOLECULE TYPE: DNA (genomic)	

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	(xi) SEQUENCE DESCRIPTION: SEQ ID NO:35:	
GGG	TCCTCAT GGCTGGGGTC	20
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	(ii) MOLECULE TYPE: DNA (genomic)	
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GTC	TTTGTTT CTGGGCTCGT GCC	23
(2)	INFORMATION FOR SEQ ID NO:37:	
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	(ii) MOLECULE TYPE: DNA (genomic)	
	(1x) FEATURE: (A) NAME/KEY: misc_feature (B) LOCATION: 5 (D) OTHER INFORMATION: /standard_name= "Reduced A"	
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	(xi) SEQUENCE DESCRIPTION: SEQ ID NO:37:	
GTT	CATGGTG GCTAGGTGGG GC	22
(2)	INFORMATION FOR SEQ ID NO:38:	

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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
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GGGGTGGGTA GGCCGTGTCT GGGG	24
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(ii) MOLECULE TYPE: DNA (genomic)	
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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 18 base pairs (B) TYPE: nucleic acid (C) STRANDEDMESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
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(2) INFORMATION FOR SEQ ID NO:41:	
(i) SEQUENCE CHARACTERISTICS: (A) LEMGTH: 20 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	

(ii) MOLECULE TYPE: DNA (genomic)	
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(xi) SEQUENCE DESCRIPTION: SEQ ID NO:41:	
GGTCCAGCCA TGGGTCTGGG	20
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(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 24 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	
(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:42:	
GCTGGTCCTC TGCTGTCCTT GCTG	24
(2) INFORMATION FOR SEQ ID NO:43:	
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(ii) MOLECULE TYPE: DNA (genomic)	
(xi) SEQUENCE DESCRIPTION: SEQ ID NO:43:	
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(2) INFORMATION FOR SEQ ID NO:44:	
(i) SEQUENCE CHARACTERISTICS: (A) LENGTH: 20 base pairs (B) TYPE: nucleic acid (C) STRANDEDNESS: single (D) TOPOLOGY: linear	

(ii) MOLECULE TYPE: DNA (genomic)

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(A) NAME/KEY: misc_feature
(B) LOCATION: 6 (D) OTHER INFORMATION: /standard_name= "Reduced A"

(ix) FEATURE:

(A) NAME/KEY: misc_feature (B) LOCATION: 17

(D) OTHER INFORMATION: /standard name= "Reduced A"

(xi) SEQUENCE DESCRIPTION: SEQ ID NO:44:

GTTTCATCTT GGCTTTATCC

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THAT WHICH IS CLAIMED IS:

 A method of treating airway disease in a subject in need of such treatment, comprising:

topically administering an antisense oligonucleotide to the airway epithelium of said subject 5 in an amount effective to treat said disease:

said antisense oligonucleotide being essentially free of adenosine.

- A method according to claim 1 wherein said airway disease is a lung disease and said airway
 epithelium is a lung airway epithelium.
- 3. A method according to claim 1 wherein said antisense oligonucleotide comprises nucleotides in which at least one phosphodiester linkage is replaced with a linkage selected from the group consisting of methylphosphonate linkages, phosphotriester linkages, phosphorothioate linkages, and phosphoramidate linkages.
- 4. A method according to claim 1 wherein said airway disease is selected from the group consisting of 20 cystic fibrosis, asthma, chronic obstructive pulmonary disease, bronchitis, and other airway diseases characterized by an inflammatory response.
- 5. A method according to claim 1 wherein said antisense oligonucleotide is targeted against an mRNA 25 encoding a protein selected from the group consisting of human A2a adenosine receptor, human A2b adenosine receptor, human Fc-epsilon receptor CD23 antigen, human histidine decarboxylase, human beta tryptase, human tryptase-I, human prostaglandin D synthase, human cyclooxygenase-2, human eosinophil cationic protein, human eosinophil derived neurotoxin,

human eosinophil peroxidase, human intercellular adhesion

- molecule-1 (ICAM-1), human vascular cell molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, human IL-3, human IL-4, human 5 IL-5, human IL-6, human IL-8, human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human human defensin 3, human macrophage defensin 1. human muscarinic inflammatory protein-1-alpha, 10 acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor α , human leukotriene C4 synthase, human major basic protein, and endothelin 1.
- 6. A method according to claim 1 wherein said 15 antisense oligonucleotide is delivered by administering an aerosol of respirable particles containing said antisense oligonucleotide to the lungs of said subject.
- A method according to claim 6, wherein said particles are selected from the group consisting of 20 solid particles and liquid particles.
 - 8. A method according to claim 6, wherein said aerosol is comprised of particles having a particle size within the range of about 0.5 to 10 microns.
- 9. A method according to claim 8 wherein said
 25 particles are liposomes containing said antisense
 oligonucleotide.
- 10. A method according to claim 6 wherein said antisense oligonucleotide is administered in amount sufficient to achieve intracellular concentrations of said antisense oligonucleotide in said subject from about 0.1 to 10 µM.

- 11. A pharmaceutical composition, comprising, together in a pharmaceutically acceptable carrier:
- an antisense oligonucleotide in an amount effective to treat an airway disease;
- 5 said antisense oligonucleotide being essentially free of adenosine.
 - 12. A pharmaceutical composition according to claim 11 wherein said airway disease is a lung disease and said airway epithelium is a lung airway epithelium.
- 10 13. A pharmaceutical composition according to claim 11 wherein said antisense oligonucleotide comprises nucleotides in which at least one phosphodiester linkage is replaced with a linkage selected from the group consisting of methylphosphonate linkages, phosphotriester linkages, phosphorothioate linkages, phosphorodithioate linkages, and phosphoramidate linkages.
 - 14. A pharmaceutical composition according to claim 11 wherein said airway disease is cystic fibrosis.
- 15. A pharmaceutical composition according to 20 claim 11 wherein said antisense oligonucleotide is targeted against an mRNA encoding a protein selected from the group consisting of human A2a adenosine receptor, human A2b adenosine receptor, human IgE receptor β , human Fc-epsilon receptor CD23 antigen, human histidine 25 decarboxylase, human beta tryptase, human tryptase-I, human prostaglandin D synthase, human cyclooxygenase-2, human eosinophil cationic protein, human eosinophil derived neurotoxin, human eosinophil peroxidase, human adhesion molecule-1 (ICAM-1), intercellular human 30 vascular cell adhesion molecule 1 (VCAM-1), human endothelial leukocyte adhesion molecule (ELAM-1), human P selectin, human endothelial monocyte activating factor, human IL-3, human IL-4, human IL-5, human IL-6, human IL-

- 8, human monocyte-derived neutrophil chemotactic factor, human neutrophil elastase, human neutrophil oxidase factor, human cathepsin G, human defensin 1, human defensin 3, human macrophage inflammatory protein-1-5 alpha, human muscarinic acetylcholine receptor HM1, human muscarinic acetylcholine receptor HM3, human fibronectin, human GM-CSF, human tumor necrosis factor α, human leukotriene C4 synthase, and human major basic protein.
- 16. A pharmaceutical composition according to 10 claim 11 wherein said antisense oligonucleotide is delivered by administering an aerosol of respirable particles containing said antisense oligonucleotide to the lungs of said subject.
- 17. A pharmaceutical composition according to 15 claim 16, wherein said particles are selected from the group consisting of solid particles and liquid particles.
- 18. A pharmaceutical composition according to claim 16, wherein said aerosol is comprised of particles having a particle size within the range of about 0.5 to 10 microns.
 - 19. A pharmaceutical composition according to claim 16 wherein said particles are liposomes containing said antisense oligonucleotide.
- 20. A pharmaceutical composition according to 25 claim 11 wherein said antisense oligonucleotide is administered in amount sufficient to achieve intracellular concentrations of said antisense oligonucleotide in said subject from about 0.1 to 10 μ M.
- A pharmaceutical composition according to 30 claim 11, wherein said antisense oligonucleotide is conjugated to a molecule capable of cellular uptake.

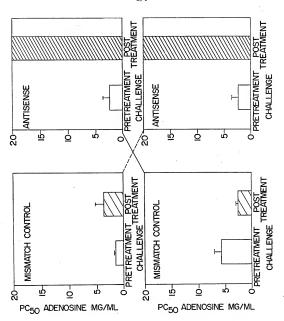
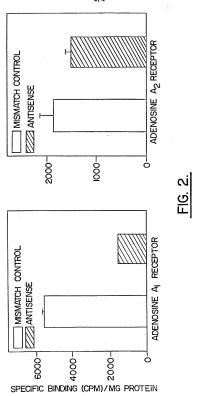
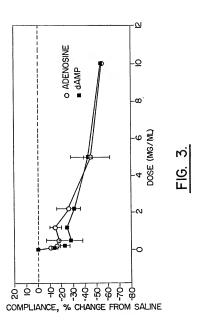


FIG. I.



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SUBSTITUTE SHEET (RULE 26)

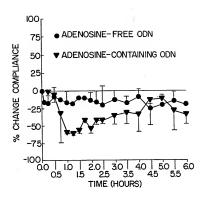


FIG. 4.

INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/09306

CLASSIFICATION OF SUBJECT MATTER

IPC(6) :A61K 31/70

US CL :514/44: 536/23.1

According to International Patent Classification (IPC) or to both national classification and IPC

FIELDS SEARCHED

Minimum documentation searched (classification system followed by classification symbols)

U.S.: 514/44: 536/23.1

Documentation searched other than minimum documentation to the extent that such documents are included in the fields searched

Electronic data base consulted during the international search (name of data base and, where practicable, search terms used) Please See Extra Sheet.

C. DOCUMENTS CONSIDERED TO BE RELEVANT

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim No.
X Y	US 5,514,788 A (BENNETT ET AL) 17 May 1993 (07.05.93), see entire document, especially Abstract, column 3, lines 15-18, column 5, lines 21-29, column 9, Figures 2 and 3.	1-6, 11-13, 15, 16 7-10, 14, 17- 20, 21
X Y	WO 94/02605 A1 (DUKE UNIVERSITY) 03 February 1994 (03.02.94), see entire document, especially page 5, lines 9-15, page 18, line 28, page 20, lines 2-5, 11-15 and 31, page 21, lines 2-5.	1-4, 6, 7, 9, 11- 14, 16, 17, 19 8, 10, 18, 20, 21
Y	US 5,264,618 A (FELGNER ET AL.) 23 November 1993 (23.11.93), see entire document, especially column 7, lines 40-42 and 54-56, column 8, lines 27-31, column 22, lines 12-15.	7-10, 17-20

х	Further documents are listed in the continuation of Box C		See patent family annex.
•	Special categories of cited documents:	*T*	later document published after the international filing date or priority date and not in conflict with the application but eited to understand the
٠٨.	document defining the general state of the art which is not considered to be of particular relevance		principle or theory underlying the invention
•E•	earlier document published on or after the international filing date	-x-	document of particular relevance; the claimed invention cannot be considered novel or cannot be considered to involve an inventive step
٠٢.	document which may throw doubts on priority claim(s) or which is		when the document is taken alone
	cited to establish the publication date of another citation or other special reason (as specified)	-Y-	document of particular relevance; the claimed invention cannot be considered to involve as inventive step when the document is
.0.	document referring to an oral disclosure, use, exhibition or other		combined with one or more other such documents, such combination being obvious to a person skilled in the art

document published prior to the international filing date but later than the priority date claimed Date of mailing of the international search report Date of the actual completion of the international search 03 SEP 1996

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document member of the same patent family

INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/09306

Category*	Citation of document, with indication, where appropriate, of the relevant passages	Relevant to claim N	
r	KNIGHT, V et al. Antiviral therapy with small particle aerosols. European Journal of Clinical Microbiology and Infectious Diseases. December 1988, Vol. 7, No. 6, pages 721-731, Abstract only.	7-10, 17-20	
?	SCHREIER, H. The new frontier: gene and oligonucleotide therapy. Pharmaceutica Acta Helvetiae. January 1994, Vol. 68, No. 3, pages 145-159, Abstract only.	14	
7	US 5,521,291 A (CURIEL ET AL.) 15 December 1993 (15.12.93), see entire document, especially column 13, lines 49-54, column 25, lines 17-19, 46-50, 50-62.	21	
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INTERNATIONAL SEARCH REPORT

International application No. PCT/US96/09306

Medline, Biosis, Biotechds, Caplus, CIACS, Embase, Toxlis Terms: (antisense or anti-sense); therap?; (lung disease or asthma or airway disease or bronchia??); adenosine; (cystic fibrosis or CF); liposome; (micron# or microm?); aerosol; Nycc 19/au; Metzger, w 19/au						
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